

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATHState File No. **40164**

FILED DEC 8 1951
Received

BIRTH NO. _____ REG. DIST. NO. **317** PRIMARY REG. DIST. NO. **6076** Registrar's No. **3719**

1. PLACE OF DEATH a. COUNTY St. Louis		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Mo. b. COUNTY _____	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Berkeley		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Rolla	
d. FULL NAME OF HOSPITAL OR INSTITUTION 5839 Berkeley		d. STREET ADDRESS (If rural, give location) 302 EAST 5^E ST. 1	
3. NAME OF DECEASED a. (First) SARAH b. (Middle) Rebecca c. (Last) Graham			4. DATE OF DEATH (Month) (Day) (Year) 11 - 10 - 51
5. SEX Female	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED, (Specify) MARRIED	8. DATE OF BIRTH- 1-31-1863
9. AGE (In years last birthday) 88		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife	11. BIRTHPLACE (State or foreign country) Missouri; D
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		10b. KIND OF BUSINESS OR INDUSTRY	12. CITIZEN OF WHAT COUNTRY? U.S.A.
13a. FATHER'S NAME Wm. Brown		13b. MOTHER'S MAIDEN NAME NANCY HUFFMAN	14. NAME OF HUSBAND OR WIFE Reuben Graham
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No		16. SOCIAL SECURITY NO. NONE	17. INFORMANT'S SIGNATURE OR NAME ADDRESS Chas. O'Brien - 5839 Berkeley
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Arteriosclerotic Hypertension Cardio Vascular & Renal Disease ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____	
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Cerebral vascular accident 24 hrs		INTERVAL BETWEEN ONSET AND DEATH	
19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? 4424 YES <input type="checkbox"/> NO <input type="checkbox"/>
21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from 6 Sept, 1951 , to 10 Nov, 1951 , that I last saw the deceased alive on 10 Nov, 1951 , and that death occurred at 9:30 a.m. , from the causes and on the date stated above.			
23a. SIGNATURE (Degree or title) Wm. W. Hall, M.D.		23b. ADDRESS 255 Florissant Rd	23c. DATE SIGNED 12 Nov 51
24a. BURIAL, CREMATION, REMOVAL (Specify) Removal	24b. DATE 11-13-51	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State) Rolla, Mo
DATE REC'D BY LOCAL REG. 11-17-51	REGISTRAR'S SIGNATURE Herbert P. Donker, MD	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Rowland Mortuary Service	

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....

....., Student Embalmer No.

working under my personal supervision.

Student
Student Embalmer

Signed *Bentley*

Licensed Embalmer No. 4366

P. O. Address St Louis, Mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.