

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **10015**
2113
Registrar's No.

MAR 24 1952

BIRTH NO. _____ REG. DIST. NO. **318** PRIMARY REG. DIST. NO. **1003**

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY	
b. CITY (If outside corporate limits, write RURAL and give township) St. Louis		c. CITY (If outside corporate limits, write RURAL and give township) St. Louis	
c. LENGTH OF STAY (In this place) 12 yrs.		d. STREET ADDRESS (If rural, give location) 4914 Aldine Place	
d. FULL NAME OF HOSPITAL OR INSTITUTION Homer G Phillips Hospital			

3. NAME OF DECEASED (Type or Print) a. (First) Mary b. (Middle) c. (Last) Graves		4. DATE OF DEATH (Month) (Day) (Year) March 3 1952	
5. SEX Female	6. COLOR OR RACE Negro	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) widowed	8. DATE OF BIRTH May 12, 1874
9. AGE (In years last birthday) 77		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife	
11. BIRTHPLACE (State or foreign country) Rodney, Miss.		12. CITIZEN OF WHAT COUNTRY? USA	

13a. FATHER'S NAME Unknown (Herman)	13b. MOTHER'S MAIDEN NAME Amie (?)	14. NAME OF HUSBAND OR WIFE George Graves
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 Thelma Daniels, 4914 Aldine Place		

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, asthenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Generalized Arteriosclerosis		INTERVAL BETWEEN ONSET AND DEATH Undet.
ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last.		DUE TO (b) Senility		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		DUE TO (c)		

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" 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)	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR? H500

22. I hereby certify that I attended the deceased from **2-18**, 19**52**, to **3-3**, 19**52**, that I last saw the deceased alive on **3-3**, 19**52**, and that death occurred at **11:59 P.M.**, from the causes and on the date stated above.

23a. SIGNATURE <i>Carl Smith</i>	(Degree or title) D.	23b. ADDRESS 2601 N Whittier St	23c. DATE SIGNED 3-4-52
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24a. BURIAL, CREMATION, REMOVAL (Specify) Removal	24b. DATE 3/7/52	24c. NAME OF CEMETERY OR CREMATORY Washington Park Cem.	24d. LOCATION (City, town, or county) (State) St. Louis County, Mo.
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DATE REC'D BY LOCAL REG MAR 5 1952	REGISTRAR'S SIGNATURE <i>Carl Smith MD</i>	25. FUNERAL DIRECTOR'S SIGNATURE GATES FUNERAL HOME	ADDRESS Charles J. Gates, 4107 Finney
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m 93 (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 _____

working under my personal supervision.

Student Embalmer No.

Signed _____

Frank J. [Signature]

Signed.....

Student Embalmer

Licensed Embalmer No. 4354

P. O. Address 4107 7

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.