

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

14309  
State File No. ....  
Registrar's No. .... 3822

MAY 1- 1952

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

1. PLACE OF DEATH  
a. COUNTY MO.

b. CITY OR TOWN St. Louis 2119  
c. LENGTH OF STAY (in this place)

d. FULL NAME OF HOSPITAL OR INSTITUTION Hosp. # 2  
e. STREET ADDRESS 4020 Fairfax

3. NAME OF DECEASED  
a. (First) George F. (Middle) (Last) GRAHAM  
4. DATE OF DEATH (Month) (Day) (Year) 4 7 52

5. SEX Male Negro  
6. COLOR OR RACE Negro  
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Single (1)  
8. DATE OF BIRTH 04-18-77  
9. AGE (in years last birthday) 75

10a. USUAL OCCUPATION  
10b. KIND OF BUSINESS OR INDUSTRY  
11. BIRTHPLACE Ark  
12. CITIZEN OF WHAT COUNTRY U.S.A

13a. FATHER'S NAME  
13b. MOTHER'S MAIDEN NAME  
14. NAME OF HUSBAND OR WIFE

15. WAS DECEASED EVER IN U.S. ARMED FORCES?  
16. SOCIAL SECURITY NO.  
17. INFORMANT'S SIGNATURE OR NAME  
ADDRESS

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.  
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH\* (a)  
ANTECEDENT CAUSES  
Morbid conditions, if any, giving rise to the above cause, (a) stating the underlying cause last.  
DUE TO (b)  
DUE TO (c) Lower Pneumonia, Right  
II. OTHER SIGNIFICANT CONDITIONS  
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION  
19b. MAJOR FINDINGS OF OPERATION  
20. AUTOPSY? YES  NO

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  NOT WHILE AT WORK   
21f. HOW DID INJURY OCCUR 490X

22. I hereby certify that I attended the deceased from 1951 to 1952, 19, that I last saw the deceased alive on 19, and that death occurred at St. Louis, Mo., from the causes and on the date stated above.

23a. SIGNATURE Joseph M. ...  
23b. ADDRESS 31300 Clark  
23c. DATE SIGNED 4/16/52

24a. BURIAL, CREMATION, REMOVAL (Specify) 10  
24b. DATE 4-30-52  
24c. NAME OF CEMETERY OR CREMATORY Anatomical Bore  
24d. LOCATION (City, town, or county) (State) St. Louis, Mo.

DATE REC'D BY LOCAL REGISTRAR APR 23 1952  
REGISTRAR'S SIGNATURE J. Carl Smith  
25. FUNERAL DIRECTOR'S SIGNATURE Rowland Mortuary Service  
ADDRESS 4104 Manchester Ave.

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

76  
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**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.....

*Students of Mortuary College* Student Embalmer No. ....  
working under my personal supervision.

Student .....  
Student Embalmer

Signed *James G. Summers*

Licensed Embalmer No. *4142*

P. O. Address *St Louis*

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.