

No. 300  
10.48

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 15077

FILED MAY 9 1952

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 317 PRIMARY REG. DIST. NO. 3169 Registrar's No. 1197

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

1. PLACE OF DEATH a. COUNTY <b>ST LOUIS</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <b>MO</b> b. COUNTY <b>ST. LOUIS</b>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>RICHMOND HGTS.</b>	c. LENGTH OF STAY (in this place) <b>1 MONTH</b>	d. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>UNIVERSITY CITY 4346</b>	e. STREET ADDRESS (If rural, give location) <b>7026 LINDELL AVE</b>
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>ST. MARY'S HOSPITAL</b>			

3. NAME OF DECEASED (Type or Print) a. (First) <b>BERNARD</b> b. (Middle) <b>J.</b> c. (Last) <b>GRAHAM</b>	4. DATE OF DEATH (Month) (Day) (Year) <b>MAY 4-1952</b>
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5. SEX <b>M</b>	6. COLOR OR RACE <b>WHITE</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>MARRIED</b>	8. DATE OF BIRTH <b>JAN-4-1897</b>	9. AGE (In years last birthday) <b>75</b>	10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>SALESMAN</b>	11. BIRTHPLACE (City and State or foreign Country) <b>ST. LOUIS, MO</b>	12. CITIZEN OF WHAT COUNTRY? <b>U.S.</b>
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>SALESMAN</b>	10b. KIND OF BUSINESS OR INDUSTRY <b>ROSENTHAL PAPER CO</b>	11. BIRTHPLACE (City and State or foreign Country) <b>ST. LOUIS, MO</b>	12. CITIZEN OF WHAT COUNTRY? <b>U.S.</b>
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13a. FATHER'S NAME <b>JAMES GRAHAM</b>	13b. MOTHER'S MAIDEN NAME <b>MARY DUGAN</b>	14. NAME OF HUSBAND OR WIFE <b>HELEN GRAHAM</b>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) _____	16. SOCIAL SECURITY NO. _____	17. INFORMANT'S SIGNATURE OR NAME <b>Mrs Helen Graham, 7026 Lindell Ave.</b>	ADDRESS <b>7026 Lindell Ave.</b>
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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		INTERVAL BETWEEN ONSET AND DEATH
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Coronary arteriosclerotic heart disease</b>		<b>3 yrs</b>
	ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <b>Generalized arteriosclerosis</b>		<b>3 yrs</b>
	DUE TO (c) <b>Nephrosclerosis</b>		<b>3 yrs</b>
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <b>None</b>			

19a. DATE OF OPERATION _____	19b. MAJOR FINDINGS OF OPERATION <b>4200</b>	20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>
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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) _____
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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 _____
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22. I hereby certify that I attended the deceased from **6-10-49**, 19\_\_\_\_, to **5-4-52**, 19\_\_\_\_, that I last saw the deceased alive on **5-4-52**, 19\_\_\_\_, and that death occurred at **10:30 Am.**, from the causes and on the date stated above.

23. SIGNATURE 	23b. ADDRESS <b>607 N. Grand Blvd.</b>	23c. DATE SIGNED _____
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24a. BURIAL, CREMATION, REMOVAL (Specify) <b>BURIAL</b>	24b. DATE <b>MAY 9-1952</b>	24c. NAME OF CEMETERY OR CREMATORY <b>CRAWFORD CEM.</b>	24d. LOCATION (City, town, or county) (State) <b>ST. LOUIS, MO.</b>
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DATE REC'D BY LOCAL REG. <b>5-6-52</b>	REGISTRAR'S SIGNATURE <b>Robert R. Domb</b>	25. FUNERAL DIRECTOR'S SIGNATURE <b>L. MULLEN UND Co.</b>	ADDRESS <b>5165 DELMAR</b>
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SW (Licensed Embalmer's Statement on Reverse Side)

DR JAMES P MURPHY  
UNIV CLORBERG  
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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.....

Student Embalmer No. ....

working under my personal supervision.

Student .....

Student Embalmer

Signed..... *Thomas Williams*

Licensed Embalmer No. *3565*

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.