

STANDARD CERTIFICATE OF DEATH

State File No. ....

No. 300  
10.48

FILED FEB 20 1953

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 317 PRIMARY REG. DIST. NO. 500 Registrar's No. 421

1. PLACE OF DEATH  
 a. COUNTY St. Louis  
 b. CITY (If outside corporate limits, write RURAL and give township) Bellevue Heights  
 c. LENGTH OF STAY (in this place) 3 yrs 2 mos  
 d. FULL NAME OF HOSPITAL OR INSTITUTION St. Louis State Tn. School

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)  
 a. STATE Missouri b. COUNTY St. Louis  
 c. CITY (If outside corporate limits, write RURAL and give township) Bellevue Heights  
 d. STREET ADDRESS (If rural, give location) 10695 Bellevue Rd.

3. NAME OF DECEASED  
 a. (First) Frank b. (Middle) William c. (Last) Graham, Jr.

4. DATE OF DEATH (Month) (Day) (Year)  
2 2 1953

5. SEX Male

6. COLOR OR RACE white

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)  
Never Married

8. DATE OF BIRTH Oct. 2, 1930

9. AGE (In years last birthday) 22

# UNDER 1 YEAR: Months 4  
 # UNDER 1 MIN. Hours 22 Min. 35

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)  
None

10b. KIND OF BUSINESS OR INDUSTRY  
None

11. BIRTHPLACE (State or foreign country)  
St. Louis, Missouri

12. CITIZEN OF WHAT COUNTRY?  
U.S.A.

13a. FATHER'S NAME  
Frank William Graham

13b. MOTHER'S MAIDEN NAME  
St. Cozy Marie Shreve

14. NAME OF HUSBAND OR WIFE  
None

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  
Records of St. L. State Tn. School 10695 Bellevue Rd.

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, asphyxia, etc. It means the disease, injury, or complication which caused death.

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

INTERVAL BETWEEN ONSET AND DEATH  
Jan. 26 - Feb. 2, '53  
Jan. 20 - Feb. 2, '53  
 Life

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)  
0851

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)

21e. INJURY OCCURRED WHILE AT WORK  NOT WHILE AT WORK

21f. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Jan 20, 1953, to Feb. 2, 1953, that I last saw the deceased alive on Feb. 2, 1953, and that death occurred at 10:35 p. m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title)  
Rosely M. Elersick M.D.

23b. ADDRESS  
10695 Bellevue Rd.

23c. DATE SIGNED  
2-2-53

24a. BURIAL, CREMATION, REMOVAL (Specify)

24b. DATE  
2/5/53

24c. NAME OF CEMETERY OR CREMATORY  
CALVARY CEMETERY

24d. LOCATION (City, town, or county) (State)  
ST. LOUIS MISSOURI

DATE REC'D BY LOCAL REG.  
2-4-53

REGISTRAR'S SIGNATURE  
Hocket R. Donohue

25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS  
STROOT - CARROLL 4600 NATURAL BRIDGE

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

*Albert Mayfield*

Signed.....

Student Embalmer

Licensed Embalmer No. *3077*

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.