

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

29997

FILED AUG 31 1953

State File No. _____

BIRTH NO. _____ REG. DIST. NO. **318** PRIMARY REG. DIST. NO. **1003** Registrar's No. **7764**

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| 1. PLACE OF DEATH a. COUNTY | | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY 2067 | |
| b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis | | c. CITY OR TOWN St. Louis | d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input type="checkbox"/> |
| d. FULL NAME OF HOSPITAL OR INSTITUTION Homer G. Phillips Hospital | | e. STREET ADDRESS (If rural, give location) 2418 Euclid | |
| 3. NAME OF DECEASED (Type or Print) a. (First) Pinky b. (Middle) c. (Last) Graham | | 4. DATE OF DEATH (Month) (Day) (Year) 8 4 53 | |
| 5. SEX Fem 3 | 6. COLOR OR RACE Col | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed 2 | 8. DATE OF BIRTH Abt. 1883; |
| 9. AGE (In years last birthday) Months Days Abt. 70 | | 10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Nil | 11. BIRTHPLACE (City and State or Foreign Country) Friendship, Tenn / |
| 13a. FATHER'S NAME Willis Walker | | 13b. MOTHER'S MAIDEN NAME Amanda (Unk) | 14. NAME OF HUSBAND OR WIFE |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) | | 16. SOCIAL SECURITY NO. Nil | 17. INFORMANT'S SIGNATURE OR NAME ADDRESS Hulitt Davis, 1842 Division Ave |
| 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) Carcinoma of Bladder 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. | |
| 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) 181X | | | |
| 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? | | | |
| 22. I hereby certify that I attended the deceased from 6-28 , 19 53 , to 8-4 , 19 53 , that I last saw the deceased alive on 8-4 , 19 53 , and that death occurred at 7:13A m. , from the causes and on the date stated above. | | | |
| 23a. SIGNATURE (Degree or title) B. Prophete, M.D. | | 23b. ADDRESS 2601 N. Whittier | |
| 23c. DATE SIGNED 8-4-53 | | | |
| 24a. BURIAL, CREMATION, REMOVAL (Specify) Removal | | 24b. DATE 8/10/53 | |
| 24c. NAME OF CEMETERY OR CREMATORY Booker T. Washington | | 24d. LOCATION (City, town, or county) (State) Centerville Twp., Ill. | |
| DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE AUG 8 1953 | | 25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS B. M. C. Green, 4060 Washington Ave. | |

WRITE PLAINLY—USING UNFAADING 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.....
Signature of Student Embalmer

Signed..... *Melvin E. Green*

Licensed Embalmer No. *4428*

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above..