

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **33292**
Registrar's No. **8489**

FILED SEP 24 1953

BIRTH NO. **55613** 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 Illinois b. COUNTY	
b. CITY (If outside corporate limits, write RURAL and give town or town) St. Louis, Missouri		c. CITY (If outside corporate limits, write RURAL and give township) Lovejoy	
c. LENGTH OF STAY (in this place) 2 days 2 hrs		d. STREET ADDRESS (If rural, give location) 306 Canal St.	
d. FULL NAME OF HOSPITAL OR INSTITUTION St. Louis Maternity Hospital		4. DATE OF DEATH (Month) (Day) (Year) August 22 1953	
3. NAME OF DECEASED (Type or Print) a. (First) Graham		b. (Middle)	
c. (Last)		5. SEX Male	
6. COLOR OR RACE Negro		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) 2	
8. DATE OF BIRTH August 20, 1953		9. AGE (In years last birthday) 2 <input type="checkbox"/> UNDER 1 YEAR 2 <input type="checkbox"/> UNDER 2 HRS. 50	
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 (City and State or Foreign Country) St. Louis, Mo.		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
13a. FATHER'S NAME Andrew Graham		13b. MOTHER'S MAIDEN NAME Norma Mary Fletcher	
14. NAME OF HUSBAND OR WIFE		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)	
16. SOCIAL SECURITY NO.		17. INFORMANT'S SIGNATURE OR NAME Andrew & Norma Graham	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c))		ADDRESS 306 Canal St.	
1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Prematurity incompatible with life		INTERVAL BETWEEN ONSET AND DEATH	
*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.		b. PREMATURE SEPARATION OF UNUSUALLY IMPLANTED PLACENTA	
2. OTHER SIGNIFICANT CONDITIONS (Conditions contributing to the death but not related to the disease or condition causing death.)		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION	
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) 761.0		21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)	
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 Aug. 20, 1953 , to Aug. 22, 1953 , that I last saw the deceased alive on Aug. 22, 1953 , and that death occurred at 5:35 A m. , from the causes and on the date stated above.			
23a. SIGNATURE (Degree or title) H. H. Hays MD.		23b. ADDRESS 5205 Walsh	
23c. DATE SIGNED 22 Aug 1953		24a. BURIAL, CREMATION, REMOVAL (Specify)	
24b. DATE 9-30-1953		24c. NAME OF CEMETERY OR CREMATORY Anatomical Board	
24d. LOCATION (City, town, or county) (State) St. Louis, Mo.		25. FUNERAL DIRECTOR'S SIGNATURE Rowland Mortuary Svc.	
DATE REC'D BY LOCAL REG. SEP 1 1953		25. FUNERAL DIRECTOR'S SIGNATURE Rowland Mortuary Svc.	
REGISTRAR'S SIGNATURE J. Carl Smith MD.		ADDRESS 4104-06 Manchester	

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

(Licensed Embalmer's Statement on Reverse Side)

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.....

Licensed Embalmer No.....

P. O. Address.....

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.