

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

FILED MAY 17 1954

STANDARD CERTIFICATE OF DEATH

State File No. 17154

318

10021E

4243

BIRTH NO. _____ REG. DIST. NO. 6001 PRIMARY REG. DIST. NO. _____ Registrar's No. _____

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| 1. PLACE OF DEATH a. COUNTY <u>City</u> | | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Mo.</u> b. COUNTY _____ | |
| b. CITY (If outside corporate limits, write RURAL and give OR TOWN <u>City of St. Louis.</u>) c. LENGTH OF STAY (in this place) <u>12y, 3m, 12d</u> | | c. CITY OR TOWN <u>City</u> 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 <u>St. Louis Chronic Hospital.</u> | | e. STREET ADDRESS (If rural, give location) <u>5800 Arsenal St.</u> | |

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| 3. NAME OF DECEASED (Type or Print) a. (First) <u>Frankie</u> b. (Middle) _____ c. (Last) <u>Graves</u> | 4. DATE OF DEATH (Month) (Day) (Year) <u>5-8-1954</u> |
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| 5. SEX <u>Female</u> | 6. COLOR OR RACE <u>Colored.</u> | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED, SEPARATED | 8. DATE OF BIRTH <u>2/14/1912</u> | 9. AGE (in years last birthday) <u>42</u> | 10. UNDER 1 YEAR Months <u>2</u> Days <u>24</u> | 11. UNDER 1 HRS. Hours _____ Min. _____ |
|----------------------|----------------------------------|---|-----------------------------------|---|---|---|

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| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>House Wife</u> | 10b. KIND OF BUSINESS OR INDUSTRY <u>Domestic</u> | 11. BIRTHPLACE (City and State or Foreign Country) <u>Palestine, Texas</u> | 12. CITIZEN OF WHAT COUNTRY? _____ |
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| 13a. FATHER'S NAME <u>Frank Graves</u> | 13b. MOTHER'S MAIDEN NAME <u>Mary Sample</u> | 14. NAME OF HUSBAND OR WIFE _____ |
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| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u> (If yes, give war or dates of service) <u>None</u> | 16. SOCIAL SECURITY NO. <u>?</u> | 17. INFORMANT'S SIGNATURE OR NAME <u>Mrs. Grace Williams</u> ADDRESS <u>1350 Bayard Ave.</u> |
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| 18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) <i>*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> | I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Hypertensive cardiovascular disease</u> | | INTERVAL BETWEEN ONSET AND DEATH |
| | ANTECEDENT CAUSES DUE TO (b) <u>with brain damage.</u> | | |
| | DUE TO (c) <u>Latent Lues.</u> | | |
| II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. | | | |

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| 19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" 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) m. | 21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/> | 21f. HOW DID INJURY OCCUR? <u>0282</u> |
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22. I hereby certify that I attended the deceased from 1-26, 1942 to 5-8, 1954 that I last saw the deceased alive on 5-8, 1954, and that death occurred at 2:30 p. m., from the causes and on the date stated above.

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| 23a. SIGNATURE (Degree or title) <u>Patricia Prunace Bawlsch M.D.</u> | 23b. ADDRESS <u>5800 Arsenal St.</u> | 23c. DATE SIGNED <u>5-9-54</u> |
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| 24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removal</u> | 24b. DATE <u>5/13/54</u> | 24c. NAME OF CEMETERY OR CREMATORY <u>Farther Dickson Cemetery</u> | 24d. LOCATION (City, town, or county) (State) <u>St. Louis Missouri</u> |
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| DATE REC'D BY LOCAL REG. <u>MAY 11 1954</u> | REGISTRAR'S SIGNATURE <u>J. Earl Smith M.D.</u> | 25. FUNERAL DIRECTOR'S SIGNATURE <u>John J. Houston</u> ADDRESS <u>2616, No. Garrison. Ave.</u> |
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(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.....
Signature of Student Embalmer

Signed..... *Leroy U. Gamm*

Licensed Embalmer No. *45*

P. O. Address *3880 E*

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.