

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **20539**

BIRTH NO. _____ REG. DIST. NO. **318** PRIMARY REG. DIST. NO. **1003** Registrar's No. **4552**

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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 2219 | |
| b. CITY (If outside corporate limits, write RURAL and give OR TOWN St. Louis) | | c. LENGTH OF STAY (In this place) | d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> |
| d. FULL NAME OF HOSPITAL OR INSTITUTION Homer G. Phillips Hospital | | e. STREET ADDRESS 2/ 2823 Thomas | (If rural, give location) |

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| 3. NAME OF DECEASED (Type or Print) | a. (First) J. James | b. (Middle) | c. (Last) Graham | 4. DATE OF DEATH (Month) (Day) (Year) May 17, 1954 |
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| 5. SEX M | 6. COLOR OR RACE 2 Negro | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married | 8. DATE OF BIRTH Oct. 5, 1892 | 9. AGE (In years last birthday) 61 | IF UNDER 1 YEAR Months 7 Days 22 | IF UNDER 24 HRS. Hours 12 Mins. |
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| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Grocer | 10b. KIND OF BUSINESS OR INDUSTRY Grocery | 11. BIRTHPLACE (City and State or Foreign Country) Scott County, Mississippi | 12. CITIZEN OF WHAT COUNTRY? U.S.A. |
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| 13a. FATHER'S NAME Milton Graham | 13b. MOTHER'S MAIDEN NAME Jennie Cross | 14. NAME OF HUSBAND OR WIFE Julia Graham |
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| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No | 16. SOCIAL SECURITY NO. 429 46 0030 | 17. INFORMANT'S SIGNATURE OR NAME Callie Graham ADDRESS 1008a N. Leffingwell |
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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) Carcinoma of Prostate | | Undt |
| | 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. Metastasis, Uremia | | | |

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| 19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 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? 177X |
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22. I hereby certify that I attended the deceased from **Feb. 14, 1954** to **May 17, 1954** that I last saw the deceased alive on **May 17, 1954**, and that death occurred at **11:10 P.M.** from the causes and on the date stated above.

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| 23a. SIGNATURE William Thomas (Degree or title) M.D. | 23b. ADDRESS 2601 N. Whittier | 23c. DATE SIGNED 5/18/54 |
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| 24a. BURIAL, CREMATION, REMOVAL (Specify) Removal | 24b. DATE May 22, 1954 | 24c. NAME OF CEMETERY OR CREMATORY Washington Park | 24d. LOCATION (City, town, or county) (State) St. Louis Co., Mo. |
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| DATE REC'D BY LOCAL REG. MAY 21 1954 | REGISTRAR'S SIGNATURE J. Earl Smith, m.d. | 25. FUNERAL DIRECTOR'S SIGNATURE E. Kasace ADDRESS 1221 N.G. and |
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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.....
Signature of Student Embalmer

Signed *Guyton Swan*.....

Licensed Embalmer No. *458*

P. O. Address *1221st Ave*

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.