

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

38991

FILED NOV 22 1954

State File No. 10320
Registrar's No. 10320

318 PRIMARY REG. DIST. NO. 1003

BIRTH NO. _____		REG. DIST. NO. 318		PRIMARY REG. DIST. NO. 1003		State File No. 10320		Registrar's No. 10320	
1. PLACE OF DEATH a. COUNTY _____				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY _____					
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>St. Louis</u>		c. LENGTH OF STAY (in this place) _____		c. CITY OR TOWN <u>St. Louis</u>		d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>			
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>1531a Benton St.</u>				e. STREET ADDRESS (If rural, give location) <u>26 1531a Benton St.</u>					
3. NAME OF DECEASED a. (First) <u>Leonard P.</u> (Type or Print)			b. (Middle) _____		c. (Last) <u>McGraw</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>Nov. 12 1954</u>		
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	8. DATE OF BIRTH <u>Jan 28 1906</u>		9. AGE (In years last birthday) <u>48</u>	10. UNDER 1 YEAR Months _____ Days _____	11. UNDER 1 HRS. Hours _____ Min. _____		
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Unemployed</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>None</u>		11. BIRTHPLACE (City, State or Foreign Country) <u>Marion, Ark.</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>			
13a. FATHER'S NAME <u>Jasper L. McGraw</u>			13b. MOTHER'S MAIDEN NAME <u>Hattie Meyers</u>		14. NAME OF HUSBAND OR WIFE <u>Iris McGraw</u>				
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give year or dates of service) <u>No</u>		16. SOCIAL SECURITY NO. <u>None</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Mrs. Iris McGraw 1531a Benton</u>					
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 I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Gunshot wound of skull and brain, self inflicted</u> ANTECEDENT CAUSES <u>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.</u> DUE TO (b) <u>in kitchen of his house,</u> DUE TO (c) <u>1531a Benton Street, on</u> II. OTHER SIGNIFICANT CONDITIONS <u>November 12, 1954 around 11:30 pm</u> Conditions contributing to the death but not related to the disease or condition causing death.							INTERVAL BETWEEN ONSET AND DEATH _____	
19a. DATE OF OPERATION _____	19b. MAJOR FINDINGS OF OPERATION <u>Suicide</u>					20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>			
21a. ACCIDENT (Be City) <u>Suicide</u>		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>None</u>		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>St. Louis Mo.</u>					
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <u>Nov 12 54 3:18</u>		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? <u>E976X</u>					
22. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at <u>5:18 p.m.</u> , from the causes and on the date stated above.									
23a. SIGNATURE (Degree or title) <u>Patrick P. Taylor Currier</u>				23b. ADDRESS <u>1300 Clark</u>			23c. DATE SIGNED <u>11-13-54</u>		
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>Nov. 15 1954</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Portageville</u>		24d. LOCATION (City, town, or county) (State) <u>Portageville Mo.</u>				
DATE REC'D BY LOCAL REG. <u>NOV 15 1954</u>		REGISTRAR'S SIGNATURE <u>Carl Smith</u>			FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Central Funeral Home 41841 Cass St</u>				

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, Student Embalmer No..... working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed.....



Licensed Embalmer No. 398

P. O. Address S. Law

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.