

**THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH**

State File No. **23786**
Registrator's No. **6113**

FILED AUG 2 - 1955

318

1003

BIRTH NO. _____ REG. DIST. NO. _____ PRIMARY REG. DIST. NO. _____

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Mo. b. COUNTY J 259	
b. CITY (If outside corporate limits, write RURAL and give township) ST. LOUIS 0	c. LENGTH OF STAY (in this place)	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"/> 0
d. FULL NAME OF HOSPITAL OR INSTITUTION ST. LOUIS CITY HOSPITAL		e. STREET ADDRESS (If rural, give location) 25 1228 No. 9th St.	

3. NAME OF DECEASED (Type or Print) a. (First) HUGH	b. (Middle) U.	c. (Last) GRAHAM SR.	4. DATE OF DEATH (Month) (Day) (Year) JULY 14 1955
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5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH July 26, 1891	9. AGE (In years) (Last birthday) 63	IF UNDER 1 YEAR Months Days Hours Min.	IF UNDER 24 HRS. Hours Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Industrial Engineer - Amer. Car & Fdy. Co.	10b. KIND OF BUSINESS OR INDUSTRY Co. Lancaster, Pa.	11. BIRTHPLACE (City and State or Foreign Country) Pa.	12. CITIZEN OF WHAT COUNTRY? U.S.A.
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13a. FATHER'S NAME Dana Graham	13b. MOTHER'S MAIDEN NAME Mary Unknown	14. NAME OF HUSBAND OR WIFE Florence Graham
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give year or dates of service) No	16. SOCIAL SECURITY NO. None	17. INFORMANT'S SIGNATURE OR NAME Florence Graham	ADDRESS 1228 No. 9th St.
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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, asthenia, 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) Infectious Hepatitis		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Myocardial Infarction DUE TO (c) Cerebral Thrombosis		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Hypertensive Cardiovascular Disease			

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) (m.)	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR? 092X
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22. I hereby certify that I attended the deceased from **2-17-55**, 19____, to **7-14-55**, 19____, that I last saw the deceased alive on **7-14-55**, 19____, and that death occurred at **11:50P m.**, from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) Carl R. Owen M.D.	23b. ADDRESS 1515 Lafayette Avenue	23c. DATE SIGNED 7-15-55
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24a. BURIAL, CREMATION, REMOVAL (Specify) Removal (Rail)	24b. DATE July 16, 1955	24c. NAME OF CEMETERY OR CREMATORY Woodbridge, New Jersey	24d. LOCATION (City, town, or county) (State)
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DATE REC'D BY LOCAL REG. JUL 15 1955	REGISTRAR'S SIGNATURE J. Carl Smith M.D.	25. FUNERAL DIRECTOR'S SIGNATURE Kriegshauser	ADDRESS 4228 S. Kingshighway Bl.
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(Licensed Embalmer's Statement on Reverse Side)

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 emb
by me, or by George W. Krystianek Jr., Student Embalmer No.....
working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed William D. White

Licensed Embalmer No. 477

P. O. Address 4228 Lakewood

- Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (F
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.