

FILED SEP 6 1955

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 27724

6946

BIRTH NO. _____		REG. DIST. NO. 318		PRIMARY REG. DIST. NO. 1003		Registrar's No. _____	
1. PLACE OF DEATH a. COUNTY _____				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY _____			
b. CITY (If outside corporate limits, write RURAL and give town) St. Louis		c. LENGTH OF STAY (in this place) years		c. CITY OR TOWN St. Louis		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 4407 Athlone Avenue				STREET ADDRESS (If rural, give location) 4407 Athlone Avenue 20990			
3. NAME OF DECEASED (Type or Print) a. (First) Benjamin		b. (Middle) O.		c. (Last) Graham		4. DATE OF DEATH (Month) (Day) (Year) August 8 1955	
5. SEX Male <input type="checkbox"/>		6. COLOR OR RACE white		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) married		8. DATE OF BIRTH July 18 1879	
9. AGE (In years last birthday) 76		IF UNDER 1 YEAR Months _____ Days _____		IF UNDER 24 HRS. Hours _____ Min. _____			
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Plumber - Proprietor			10b. KIND OF BUSINESS OR INDUSTRY B. O. Graham Plumbing			11. BIRTHPLACE (City and State or Foreign Country) Illinois	
12. CITIZEN OF WHAT COUNTRY? U.S.A.							
13a. FATHER'S NAME William Graham			13b. MOTHER'S MAIDEN NAME King		14. NAME OF HUSBAND OR WIFE Anna Buchmueller Graham		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No		16. SOCIAL SECURITY NO. 494-36-9767		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Mrs. Anna Graham 4407 Athlone Avenue			
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) Myocardial Infarct				INTERVAL BETWEEN ONSET AND DEATH 2 wks			
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Coronary Artery Dr.				yes			
DUE TO (c) Arteriosclerosis				yes			
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Carcinoma of Prostate				1 yr			
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION 420.1H					
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)			
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?			
22. I hereby certify that I attended the deceased from 1954 , 19____, to Aug. 8 , 19 55 , that I last saw the deceased alive on Aug 8 , 19 55 , and that death occurred at 12:30 a. , from the causes and on the date stated above.							
23a. SIGNATURE Math Hermann (Degree or title) MD				23b. ADDRESS 4161 Suedel		23c. DATE SIGNED 8/8/55	
24a. BURIAL, CREMATION, REMOVAL (Specify) Removal		24b. DATE Aug 11, 1955		24c. NAME OF CEMETERY OR CREMATORY New Bethlehem Cemetery		24d. LOCATION (City, town, or county) (State) St. Louis County, Missouri	
DATE REC'D BY LOCAL REG. AUG 9 1955		REGISTRAR'S SIGNATURE J. Carl Smith, M.D.		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Math Hermann & Son, Inc., 2161 E. Fair Ave			

S. O. (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 embalmed by me, or by, Student Embalmer No. working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed *Clement M. E. Henry*

Licensed Embalmer No. *37*

P. O. Address *St. Louis*

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.