

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

42840

State File No.

FILED JAN 12 1956

BIRTH NO. _____ REG. DIST. NO. 312 PRIMARY REG. DIST. NO. 541 Registrar's No. 2904

1. PLACE OF DEATH a. COUNTY <u>St. Louis</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.) a. STATE <u>Missouri</u> b. COUNTY <u>St Louis</u>	
b. CITY (If outside corporate limits, write RURAL and give township) <u>Clayton Mo</u>		c. CITY OR TOWN <u>Webster Groves Mo</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>St Louis County Hospital</u>		e. STREET ADDRESS (If rural, give location) <u>800 Cornel Avenue</u>	

3. NAME OF DECEASED (Type or Print)	a. (First) <u>James</u>	b. (Middle) <u>T</u>	c. (Last) <u>Graham</u>	4. DATE OF DEATH (Month) (Day) (Year)
				<u>Dec 9 1955</u>

5. SEX <u>Male</u>	6. COLOR OR RACE <u>Negro</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Divorced</u>	8. DATE OF BIRTH <u>6 Jan 1906</u>	9. AGE (In years last birthday) <u>49</u>	10. F UNDER 1 YEAR Months	11. F UNDER 24 HRS. Days	12. F UNDER 24 HRS. Hours	13. F UNDER 24 HRS. Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Truck Carrier</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>Truck Carrier</u>	11. BIRTHPLACE (City and State or Foreign Country) <u>West Point Mississippi</u>	12. CITIZEN OF WHAT COUNTRY? <u>USA</u>
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13a. FATHER'S NAME <u>Fred Graham</u>	13b. MOTHER'S MAIDEN NAME <u>Lucy Ann Scott</u>	14. NAME OF HUSBAND OR WIFE <u>None</u>
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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) <u>Yes 7/11/42-2/25/43</u>	16. SOCIAL SECURITY NO. <u>488 12 6006</u>	17. INFORMANT'S SIGNATURE OR NAME <u>J. W. Graham</u>	ADDRESS <u>106 Reardon St. Webster Groves</u>
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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.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Unknown natural causes</u>		INTERVAL BETWEEN ONSET AND DEATH <u>None</u>
	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.		

19a. DATE OF OPERATION <u>12-13-55</u>	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?
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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 _____ m., from the causes and on the date stated above.

23a. SIGNATURE <u>Herbert R. Domke</u> (Degree or title) <u>Local Registrar</u>	23b. ADDRESS <u>651 S. Brentwood Blvd.</u>	23c. DATE SIGNED <u>12-20-55</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>15 Dec 1955</u>	24c. NAME OF CEMETERY OR CREMATORY <u>FATHER A. BICKNELL</u>	24d. LOCATION (City, town, or county) (State) <u>St Louis Missouri</u>
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DATE REC'D BY LOCAL REG. <u>12-13-55</u>	REGISTRAR'S SIGNATURE <u>Herbert R. Domke M.D.</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>Theodore J. Vandell</u>	ADDRESS <u>130 Eldridge</u>
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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 embalmed by me, or by Student Embalmer No. working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed.....
Theodore S. Gander

Licensed Embalmer No. 42

P. O. Address 130 Eldon
Bellevue, Mo

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.