

STANDARD CERTIFICATE OF DEATH

3402

State File No.

FILED JAN 25 1956

BIRTH NO. _____ REG. DIST. NO. 317 PRIMARY REG. DIST. NO. 500 Registrar's No. 114

1. PLACE OF DEATH
a. COUNTY St. Louis
b. CITY (If outside corporate limits, write RURAL and give township) Long Beach
c. LENGTH OF STAY (In this place) Unk
d. FULL NAME OF HOSPITAL OR INSTITUTION Yarnell Road

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
a. STATE Illinois b. COUNTY St. Clair
c. CITY (If outside corporate limits, write RURAL and give township) East St. Louis
d. STREET ADDRESS (If rural, give location) 811 N. 16

3. NAME OF DECEASED
a. (First) James b. (Middle) Vernon c. (Last) McGraw

4. DATE OF DEATH (Month) (Day) (Year)
Jan. 13, 1956

5. SEX Male
6. COLOR OR RACE White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)
Divorced

8. DATE OF BIRTH Mar. 21, 1927

9. AGE (In years last birthday) 28
UNDER 1 YEAR Months Days # UNDER 10 MIN. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)
Electrician

10b. KIND OF BUSINESS OR INDUSTRY
Electric

11. BIRTHPLACE (State or foreign country)
East St. Louis, Ill

12. CITIZEN OF WHAT COUNTRY?
U.S.A

13a. FATHER'S NAME
C. Ray McGraw

13b. MOTHER'S MAIDEN NAME
Bernice Shell

14. NAME OF HUSBAND OR WIFE
Divorced

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)
Yes

16. SOCIAL SECURITY NO.
Unk.

17. INFORMANT'S SIGNATURE OR NAME ADDRESS
C. Ray McGraw East St. Louis, Ill

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) Self-inflicted gunshot wound of
ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) the head
DUE TO (c)
II. OTHER SIGNIFICANT CONDITIONS
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
976X

20. AUTOPSY? YES NO

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
Suicide

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
Car

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
Long Beach St. Louis Mo.

21d. TIME (Month) (Day) (Year) (Hour) (Minute)
Jan. 13, 1956 3:00 p.m.

21e. INJURY OCCURRED WHILE AT WORK? NOT WHILE AT WORK

21f. HOW DID INJURY OCCUR? Shot ELMER P. LORING and CAROL HUG and then himself

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.

22a. SIGNATURE (Degree or title)
Arnold J. Willmann, coroner

23b. ADDRESS
Clayton, Mo.

23c. DATE SIGNED
1-16-56

24a. BURIAL, CREMATION, REMOVAL (Specify)
Removal

24b. DATE
Jan. 14, 1956

24c. NAME OF CEMETERY OR CREMATORY
East St. Louis, Ill

24d. LOCATION (City, town, or county) (State)
East St. Louis, Ill

DATE REC'D BY LOCAL REG.
1-14-56

REGISTRAR'S SIGNATURE
Delect B. Dombro

FUNERAL DIRECTOR'S SIGNATURE ADDRESS
Chas M. Bueck East St. Louis, Ill

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.....

.....
working under my personal supervision.

Student Embalmer No.....

Signed.....

Chas M. Burke

Signed.....
Student Embalmer

Licensed Embalmer No. 2421

P. O. Address East St. Louis, Ill

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 this body is not embalmed, fact should be so stated above.