

I must be casually related. Coroner cannot certify to a death due to natural causes.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

18714

STATE FILE NUMBER 4612

FILED MAY 27 1957

Registration District No. 318 Primary Registration District No. 1003 Registrar's No.

| | | | | | |
|--|------------------------|---|---|--|---|
| 1. PLACE OF DEATH a. COUNTY | | | 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Mo. b. COUNTY | | |
| b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN St. Louis | | Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/> | c. CITY OR TOWN St. Louis | | Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/> |
| 3. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Little Flower Nurs. Home | | | Length of stay in 1b 2037 | | d. STREET (If outside, give location) ADDRESS 2500 S. 18th St. Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/> |
| 3. NAME OF DECEASED (Type or print) First Middle Last Mollie Graham | | | 4. DATE OF DEATH Month Day Year May 13 1957 | | |
| 5. SEX female | 6. COLOR OR RACE white | 7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/> | 8. DATE OF BIRTH Oct. 12, 1878 | | 9. AGE (In years last birthday) 78 IF UNDER 1 YEAR Months Days Hours Min |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) at home | | 10b. KIND OF BUSINESS OR INDUSTRY | | 11. BIRTHPLACE (City and state or country) Lebanon, Ill. / 12. CITIZEN OF WHAT COUNTRY? USA | |
| 13. FATHER'S NAME Richard Luckner | | | 14. MOTHER'S MAIDEN NAME Mary Meyner | | |
| 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. — | | 17. INFORMANT Address Gussie Tierney 3529 Pennsylvania | |
| 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c.)] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Carcinoma left upper eye lid Multiple myeloma Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) Multiple myeloma DUE TO (c) PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) 203X | | | | | INTERVAL BETWEEN ONSET AND DEATH 1 yr 162 mo |
| 20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/> | | 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) | | | |
| 20c. TIME OF INJURY Hour Month, Day, Year a. m. p. m. | | | | | |
| 20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/> | | 20e. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.) | | 20f. CITY, TOWN, OR LOCATION COUNTY STATE | |
| 21. I attended the deceased from 2/20/56 and last saw her alive on 5/10/57 Death occurred at 5/13/57 11:00 a. m. on the 18th stated above; and to the best of my knowledge, from the causes stated. | | | | | |
| 22a. SIGNATURE J. F. Wagenbach (Degree or title) M.D. J. F. Wagenbach | | | 22b. ADDRESS 4717 Morganford Rd. 4717 Morganford Rd | | 22c. DATE SIGNED 5/14/57 |
| 23a. BURIAL, CREMATION, REMOVAL (Specify) removal | | 23b. DATE 5/16/1957 | | 23c. NAME OF CEMETERY OR CREMATORY Lebanon, Ill. | |
| 24. FUNERAL DIRECTOR J L Ziegenhein & Sons 7027 Gravois | | 25. DATE RECD. BY LOCAL REG. MAY 15 '57 | | 26. REGISTRAR'S SIGNATURE J. Earl Smith M.D. S.P. | |

St. Louis
 Little Flower Home
 3500 St. Louis St.
 St. Louis, Mo.
 May 18 1927
 Graham
 Oct. 12 1928
 LeFevre
 Yarn Kerner
 Richard Luckner
 female
 at home

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was em-
 by me, or by Student Embalmer No.
 working under my personal supervision..

Student
 Signature of Student Embalmer

Signed *E. P. Kidwell*

Licensed Embalmer No. 387

P. O. Address 7027 Gr

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