Health, Welfare Public Service

300
1-56

Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed. All diseases in Part I must be casually related. Coroner cannot certify to a death due to natural causes.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

FILED MAY 29 1958

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

STATE FILE NUMBER 58-019727

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 5172

1. PLACE OF DEATH
a. COUNTY: ST. LOUIS
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN: ST. LOUIS 0 — Inside Limits Yes X No ☐
c. FULL NAME OF HOSPITAL OR INSTITUTION (If NOT in hospital, give location): 16 Mo. BAPTIST HOSP. — Length of stay in Ib: 2 WKS

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE: MISSOURI b. COUNTY: ST. CHARLES
c. CITY OR TOWN: ST. CHARLES 8923 — Inside Limits Yes X No ☐
d. STREET ADDRESS (If outside, give location): 30 307 BOONSLICK — Reside on Farm Yes ☐ No X

3. NAME OF DECEASED (Type or print): First GEORGE Middle WILLIAM Last GRAHAM

4. DATE OF DEATH Month MAY Day 15 Year 1958

5. SEX: M 0

6. COLOR OR RACE: W

7. MARRIED ☒ **NEVER MARRIED** ☐ **WIDOWED** ☐ **DIVORCED** ☐

8. DATE OF BIRTH: JUNE 22, 1909

9. AGE (In years last birthday): 48 — IF UNDER 1 YEAR: Months 10 Days 23 — IF UNDER 24 HRS.: Hours Min.

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

10b. KIND OF BUSINESS OR INDUSTRY: BAPTIST CHURCH

11. BIRTHPLACE (City and state or country): LINCOLN Co. Mo 0

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

13. FATHER'S NAME: JAMES J. GRAHAM

14. MOTHER'S MAIDEN NAME: LAURA BELLE CLIFTON

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown): NO — (If yes, give war or dates of service): NOT

16. SOCIAL SECURITY NO.: 499-05-1934

17. INFORMANT Address: MARION EDITH GRAHAM, ST. CHARLES Mo

MEDICAL CERTIFICATION

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 of the lung — INTERVAL BETWEEN ONSET AND DEATH: 6 months

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b)
DUE TO (c) 163x

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a)

19. WAS AUTOPSY PERFORMED? YES ☒ NO ☐

20a. ACCIDENT ☐ **SUICIDE** ☐ **HOMICIDE** ☐

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)

20c. TIME OF INJURY Hour a. m. p. m. Month, Day, Year

20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

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 May 2, 1958 to May 15, 1958 and last saw ~~her~~ him alive on May 15, 1958. Death occurred at ~~12~~ 230 p m on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title): Harvey Walker Jr. M.D. 0

22b. ADDRESS: 462 N. Taylor Ave.

22c. DATE SIGNED: 5/16/58

23a. BURIAL, CREMATION, REMOVAL (Specify): REMOVAL

23b. DATE: MAY 16, 1958

23c. NAME OF CEMETERY OR CREMATORY: EOLIA CEMETERY

23d. LOCATION (City, town, or county): EOLIA — (State): Mo

24. FUNERAL DIRECTOR ADDRESS: C. L. PRINSTER, ST. CHARLES, Mo

25. DATE RECD. BY LOCAL REG.: MAY 16 '58

26. REGISTRAR'S SIGNATURE: J. Earl Smith, M.D. S.P.

PRINSTEE-HUGHES F.H. INC. (Licensed Embalmer's Statement on Reverse Side)

MAY 29 1958

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 ....., Student Embalmer No.....

working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed. Howard O Kessler

Licensed Embalmer No. 46

P. O. Address Wentzvil

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.