

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

58-027769  
STATE FILE NUMBER

FILED AUG 11 1958 Registration District No. 317 Primary Registration District No. 590 Registrar's No. 2022

1. PLACE OF DEATH a. COUNTY St. Louis		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE New York b. COUNTY New York City	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Brentwood		c. CITY OR TOWN New York 8310 9	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Gould-Worth Nurs. Home		d. STREET ADDRESS (If outside, give location) 47W 74th Street	
Length of stay in 1b 1 week		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	

3. NAME OF DECEASED (Type or print) First Middle Last ANN DAVIS GRAHAM			4. DATE OF DEATH Month Day Year July 30, 1958		
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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 Jan. 11, 1888	9. AGE (In years last birthday) 70	10. UNDER 1 YEAR Months Days	11. UNDER 24 HRS. Hours Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Ret. Tele. Oper.	10b. KIND OF BUSINESS OR INDUSTRY Western Union	11. BIRTHPLACE (City and state or country) Elk Creek, Mo.	12. CITIZEN OF WHAT COUNTRY? USA
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13a. FATHER'S NAME James K. Davis	13b. MOTHER'S MAIDEN NAME Mary A. Cannaday	14. NAME OF HUSBAND OR WIFE John Graham
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15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give type and dates of service) No None	16. SOCIAL SECURITY NO. 062-03-1922	17. INFORMANT Hazil Davis-130 S. Kirkwood Rd.	Address Kirkwood Mo
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18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Carcinoma of Service Intestine</u> DUE TO (b) <u>Metastases to lung bones.</u> DUE TO (c) <u>171X</u> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.		INTERVAL BETWEEN ONSET AND DEATH <u>2 1/2 yrs</u>
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (c)		

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.)
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20c. TIME OF INJURY Hour Month, Day, Year a.m. p.m.
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20d. INJURY OCCURRED WHILE AT <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
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21. I attended the deceased from <u>7-24-58</u> to <u>7-30-58</u> and last saw her alive on <u>7/29/58</u> Death occurred at <u>1040 A</u> on the date stated above; and to the best of my knowledge, from the causes stated.
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22a. SIGNATURE <u>A. Sheeie</u>	22b. ADDRESS <u>Kirkwood 22 Mo</u>	22c. DATE SIGNED <u>7/31/58</u>
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23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE Aug. 23, 1958	23c. NAME OF CEMETERY OR CREMATORY Oak Hill Cem.	23d. LOCATION (City, town, or county) (State) Kirkwood 22, Missouri
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24. FUNERAL DIRECTOR Pfitzinger Mort., Kirkwood 22, Mo.	25. DATE RECD. BY LOCAL REG. 8-1-58	26. REGISTRAR'S SIGNATURE <u>Herbert B. Donk</u>
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All diseases in Part I must be causally related.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

1-57

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 *Ben E. Hoffman* .....

Licensed Embalmer No. *4366* .....

P. O. Address *St Paul 67* .....

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.