

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

58-045714

STATE FILE NUMBER

FILED DEC 22 1958

Registration District No.

318

Primary Registration District No.

1003

Registrar's No.

11864

300  
1-57

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <i>Mo.</i> b. COUNTY	
b. CITY OR TOWN <i>St. Louis</i> Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>		c. CITY OR TOWN <i>St. Louis</i> Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <i>4914 Aldine Pl.</i> Length of stay in lb <i>20</i>		d. STREET ADDRESS (If outside, give location) <i>4914 Aldine Pl.</i> Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/>	
3. NAME OF DECEASED First Middle Last <i>Herbert Lee Graves</i>			4. DATE OF DEATH Month Day Year <i>Dec. 7, 1958</i>
5. SEX <i>Male</i>	6. COLOR OR RACE <i>Negro</i>	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <i>Jan. 6, 1911</i>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>Operator</i>		10b. KIND OF BUSINESS OR OCCUPATION <i>Steel Co.</i>	11. BIRTHPLACE (City and state or country) <i>West. Miss.</i>
12. CITIZEN OF WHAT COUNTRY? <i>U.S.A.</i>		13a. FATHER'S NAME <i>Unknown</i>	
13b. MOTHER'S MAIDEN NAME <i>Nannie</i>		14. NAME OF HUSBAND OR WIFE <i>Juanita Graves</i>	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown (If yes, give war or dates of service)) <i>unknown</i>		16. SOCIAL SECURITY NO. <i>494-12-7557</i>	
17. INFORMANT <i>Juanita Graves</i> Address <i>4914 Aldine Pl.</i>		18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <i>Coronary Occlusion (Sclerosis)</i> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) <i>420.1</i> DUE TO (c) _____ 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 <input checked="" type="checkbox"/> NO <input type="checkbox"/>		20a. ACCIDENT SUICIDE HOMICIDE <input type="checkbox"/> <input type="checkbox"/> <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 <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 _____, to _____ and last saw her alive on _____ Death occurred at <i>546 A</i> on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE (Deputy or title) <i>John M. Quinn Deputy Coroner</i>		22b. ADDRESS <i>1300 Clair</i>	
22c. DATE SIGNED <i>12/9/58</i>		23a. BURIAL, CREMATION, REMOVAL (Specify) <i>Burial</i>	
23b. DATE <i>12-13-58</i>		23c. NAME OF CEMETERY OR CREMATORY <i>Greenwood</i>	
23d. LOCATION (City, town, or county) <i>St. Louis, Mo.</i>		(State)	
24. FUNERAL DIRECTOR <i>E. B. Lance</i> ADDRESS <i>1221 N. Grand</i>		25. DATE RECD. BY LOCAL REG. <i>DEC 9 '58</i>	
26. REGISTRAR'S SIGNATURE <i>Carl Smith MD</i> <i>mfb.</i>			

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed. All diseases in Part I must be causally related.

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 *Melvin Blackburn* .....

Licensed Embalmer No. *3962* .....

P. O. Address *1221 N. 5th* .....

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.