

SL-19497

FILED MAY 15 1959

XC-223 280

Registration District No.

Primary Registration District No.

Registrar's

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1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE MISSOURI b. COUNTY <i>St. Louis</i>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN ST. LOUIS, MISSOURI		c. CITY OR TOWN KIRKWOOD <i>4773</i>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION VAHT, 915 NO. GRAND AVE. 30 DAYS		d. STREET ADDRESS (If outside, give location) 234 ALDRIGE	
3. NAME OF DECEASED (Type or print) First Middle Last FELIX O. GRAVES		4. DATE OF DEATH Month Day Year 4/24/59	
5. SEX MALE 2	6. COLOR OR RACE NEGRO	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH 8/10/90
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) RETIRED		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and state or country) NASHVILLE, TENN. 1
12. CITIZEN OF WHAT COUNTRY? U.S.A.		13a. FATHER'S NAME CHARLIE GRAVES	
13b. MOTHER'S MAIDEN NAME FANNIE WILLIAMS		14. NAME OF HUSBAND OR WIFE WIDOWED	
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. UNKNOWN	17. INFORMANT Address VAH, 915 NO. GRAND AVE., ST. LOUIS, MO.
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) PULMONARY EDEMA DUE TO (b) CARDIAC INSUFFICIENCY DUE TO (c) <i>163x</i>			INTERVAL BETWEEN ONSET AND DEATH $\frac{1}{2}$ hour UNKNOWN
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) POST-OPERATIVE (14 DAYS) PNEUMONECTOMY FOR CARCINOMA OF LEFT LUNG WITH			19. WAS AUTOPSY PERFORMED? / YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>
20a. ACCIDENT SUICIDE HOMICIDE <input type="checkbox"/> <input type="checkbox"/> NONE <input type="checkbox"/>		20b. NEARLY ALL INJURIES TO PERICARDIUM OR LUNG (See instructions on reverse side of this certificate.)	
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 <u>3/25/59</u> to <u>4/24/59</u> and last saw <u>live on</u> <u>4/24/59</u> Death occurred at <u>11:55A</u> m on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE <i>John B. Shivers</i> JOHN B. SHIVERS (Degree or title) M.D.		22b. ADDRESS VAH, ST. LOUIS, MO.	
22c. DATE SIGNED 4/24/59		23a. BURIAL, CREMATION, REMOVAL (Specify) Removal	
23b. DATE Apr. 28, 1959		23c. NAME OF CEMETERY OR CREMATORY National	
23d. LOCATION (City, town, or county) Jefferson Barracks		23e. (State) Mo.	
24. FUNERAL DIRECTOR J. H. RANDLE & SON		25. DATE RECD. BY LOCAL REG. APR 27 '59	
26. ADDRESS 3133 Bell Ave.		26. REGISTERAR'S SIGNATURE <i>Earl Smith, M.D.</i>	

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

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 *Esther N. Harris*

Licensed Embalmer No. *4458*
P. O. Address *4181 Wash*

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.