

MAR 5 - 1937

MISSOURI STATE BOARD OF HEALTH  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF DEATH

Do not use this space.

1. PLACE OF DEATH

County \_\_\_\_\_ Registration District No. **791**  
Township \_\_\_\_\_ Primary Registration District No. **1003**  
City **St. Louis** No. **City Hosp. #1** File No. **8902**  
St. \_\_\_\_\_ Ward \_\_\_\_\_ Registered No. **2395**

2. FULL NAME

**Geo. Graves**  
(a) Residence, No. **2123 N. 14th** St., **26** Ward. (If nonresident, give city or town and State)  
(Usual place of abode)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX **Male** 4. COLOR OR RACE **White** 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) **Widowed**

5A. IF MARRIED, WIDOWED, OR DIVORCED, HUSBAND OF (OR) WIFE OF **Late Annie Graves**

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) **June 2 1866**

7. AGE YEARS **70** MONTHS **8** DAYS **25** If LESS than 1 day, \_\_\_\_\_ hrs. or \_\_\_\_\_ min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. **Barber, Mason**

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. \_\_\_\_\_

10. Date deceased last worked at this occupation (month and year) \_\_\_\_\_ 11. Total time (years) spent in this occupation \_\_\_\_\_

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **Ireland, 15**

13. NAME **James Graves** 15

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **Ireland, 15**

15. MAIDEN NAME **Kate Scott** 15

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **Ireland**

17. INFORMANT **Queenie Graves** (ADDRESS) **2123 N. 14th**

18. BURIAL, CREMATION, OR REMOVAL PLACE **Calvary** DATE **March 19 1937**

19. UNDERTAKER **Wm. Lindsey & Co** (ADDRESS) **1417 N. 9th**

20. FILED **EB 28 1937** **St. Bredeck** Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) **2/26** 19**37**

22. I HEREBY CERTIFY, That I attended deceased from **February 23 1937** to **February 26 1937**

I last saw him alive on **2/26** 19**37** Death is said to have occurred on the date stated above, at **9:25** p.m.

The principal cause of death and related causes of importance were as follows:

**Pulmonary atelectasis as complication of pneumonia of bronchial**  
**1070**

Other contributory causes of importance: **Benign hypertrophy of prostate**

Name of operation **Transurethral resection** Date of **2/23/37**  
What test confirmed diagnosis? **Chemical** Was there an autopsy? **No**

23. If death was due to external causes (violence), fill in also the following: Accident, suicide, or homicide? \_\_\_\_\_ Date of injury \_\_\_\_\_, 19\_\_\_\_  
Where did injury occur? \_\_\_\_\_ (Specify city or town, county, and State)  
Specify whether injury occurred in industry, in home, or in public place.

Manner of injury \_\_\_\_\_  
Nature of injury \_\_\_\_\_

24. Was disease or injury in any way related to occupation of deceased? \_\_\_\_\_  
If so, specify \_\_\_\_\_  
(Signed) **Thos. W. Loom** \_\_\_\_\_, M. D.  
(Address) **City Hosp. #1**

**St. Louis, Mo**

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

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