

STANDARD CERTIFICATE OF DEATH

State File No. **41608**

JAN 12 1940

791
1003

Registration District No. _____

Primary Registration District No. _____

Registrar's No. **10731**

1. PLACE OF DEATH:

(a) County _____ 1
(b) City or town **St Louis**
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: **Homer G Phillips**
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution **13 days** (Specify whether
Unknown (Specify whether
In this community _____
years, months or days)

3. (a) PRINT FULL NAME **George Graham** **650**
3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

4. Sex **Male** 5. Color or **Colored** 6. (a) Single, widowed, married, divorced **Married**
6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive **49** years
7. Birth date of deceased **Not Known**
(Month) (Day) (Year)

8. AGE: Years **About 50** Months _____ Days _____ If less than one day _____ hr. _____ min.

9. Birthplace **Greenville Miss.**
(City, town, or county) (State or foreign country)

10. Usual occupation **Laborer**

11. Industry or business _____

12. Name **Tom Graham**
13. Birthplace **Miss.**
(City, town, or county) (State or foreign country)
14. Maiden name **Not Known**
15. Birthplace **Miss.**
(City, town, or county) (State or foreign country)

16. (a) Informant's own signature **Jesse Graham**
(b) Address **2717A Dixon Street**
17. (a) **Washington Park** (b) Date thereof **Dec 16 1939**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Washington Park**
18. (a) Signature of funeral director **E. L. Beal and Co**
(b) Address **2726 Lucas Ave.**
19. (a) **DEC 18 1939** (b) _____
(Date of local registrar) (Signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County _____
(c) City or town **St Louis** **21**
(If outside city or town limits, write "RURAL")
(d) Street No. **2717 Dickson**
(If rural, give location)
(e) If foreign born, how long in U. S. A. _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **Dec** day **9**
year **1939** hour **5:00** minute **00** P. M.

21. I hereby certify that I attended the deceased from **Nov 26**, 19**39**, to **Dec 9**, 19**39**
that I last saw him alive on **Dec 9**, 19**39**
and that death occurred on the date and hour stated above

Immediate cause of death **Cystotomy no stone** Duration **13 das**
Cystitis catarrhal
Bronchopneumonia **3 das**

Due to _____

Due to _____

Other conditions _____
(Include pregnancy within 3 months of death)

Major findings:
Of operations _____

Of autopsy _____

PHYSICIAN

Underline the cause to which death should be charged statistically

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) _____
(b) Date of occurrence _____
(c) Where did injury occur? _____ (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? _____

While at work? _____ (Specify type of place)
(e) Means of injury _____

23. Signature **H. C. Lanning** (M. D. or other) _____
Address **2601 N Whittier** Date signed **12/19/39**

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.....

....., Registered Apprentice No.
working under my personal supervision.

Signed

Birdie Beal Anderson

Licensed Embalmer No.

2929

P. O. Address

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 this body is not embalmed, above space should be left blank.