

FILED FEB 24 1942 791

1003

Registrar's No.

572

Registration District No.

Primary Registration District No.

1. PLACE OF DEATH:

(a) County _____
(b) City or town St. Louis
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
3420^A Laclede Ave
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____
(Specify whether _____)
In this community 25 yrs
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County _____
(c) City or town St. Louis 187
(If outside city or town limits, write "RURAL")
(d) Street No. 3420^A Laclede Ave
(If rural, give location)
(e) If foreign born, how long in U. S. A.? _____ years.

3. (a) PRINT FULL NAME

LUTHER GRAVES

3. (b) If veteran,

name war None

3. (c) Social Security

No. None

4. Sex Male

5. Color or race Col

6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Theresa Graves

6. (c) Age of husband or wife if alive 43 years

7. Birth date of deceased Nov 11 1899
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>42</u>	<u>2</u>	<u>5</u>	hr. _____ min. _____

9: Birthplace Brownville Tenn
(City, town, or county) (State or foreign country)

10. Usual occupation Farmer

11. Industry or business

MOTHER FATHER { 12. Name Luther Graves Sr.
18. Birthplace Tenn
(City, town, or county) (State or foreign country)
14. Maiden name Julia Caldwell
15. Birthplace Tenn
(City, town, or county) (State or foreign country)

16. (a) Informant Theresa Graves
(b) Address 3420^A Laclede

17. (a) Burial (b) Date thereof 1-20-42
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Washington Park

18. (a) Signature of funeral director J. H. Harrison
(b) Address 2906 Benton Blvd.

19. (a) JAN 19 1942 (b) J. H. Hedrick
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 1 day 16
year 42 hour 10 minute 7 M.

21. I hereby certify that I attended the deceased from 1/12 1942 to 1/16 1942
that I last saw him alive on 1/16 and that death occurred on the date and hour stated above.

Immediate cause of death Myocardial Infarction
Chronic

Due to _____
Due to 93

Other conditions (Include pregnancy, within 3 months of death) 93

Major findings: Of operations _____
Of autopsy _____

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 D

23. Signature E. J. Gragg (M. D. or other) _____
Address 114 Jefferson Date signed 1/18

Duration _____
Underline the cause to which death should be charged statistically.

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

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 me

Registered Apprentice No. _____

working under my personal supervision.

Signed

Clay Young

Licensed Embalmer No. 3371

P. O. Address St. Louis

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.