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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED JUN 15 1942

Registration District No. 791

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 1003

State File No. 16190

Registrar's No. 4819

1. PLACE OF DEATH:

(a) County

(b) City or town Saint Louis (If outside city or town limits, write "RURAL" and name township)

(c) Name of hospital or institution Heat of City Hosp. R.R. Terminal Tunnel (If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution (Specify whether years, months or days)

In this community 20 years

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County

(c) City or town Saint Louis (If outside city or town limits, write "RURAL")

(d) Street No. 2743A Howard ST. (If rural, give location)

(e) Citizen of foreign country? (Yes or No)

If yes, name country

3. (a) PRINT FULL NAME Earnest W. Graves

3. (b) If veteran, name war World War I.

3. (c) Social Security No. 202-12-5893

4. Sex Male

5. Color or race Col

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

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

6. (c) Age of husband or wife if alive 42 years

7. Birth date of deceased April (Month) 24 (Day) 1895 (Year)

8. AGE: Years 47 Months 1 Days 1 If less than one day hr. min.

9. Birthplace Ripley (City, town, or county) Tenn. (State or foreign country)

10. Usual occupation Track Walker

11. Industry or business Terminall R.R. Co.

MOTHER FATHER

12. Name John Louis Hallaway

13. Birthplace unknown (City, town, or county) Tenn. (State or foreign country)

14. Maiden name Annie West

15. Birthplace Haywood Co. (City, town, or county) Tenn. (State or foreign country)

16. (a) Informant Naoma Graves

(b) Address 2743A Howard ST.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 6-1-42 (Month) (Day) (Year)

(c) Place: burial or cremation National Cemetery

18. (a) Signature of funeral director Ellis Funeral Home

(b) Address 2820 Stoddard ST.

19. (a) JUN 2 1942 (Date received local registrar) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 25 year 1942 hour 6 minute 45 P.M.

21. I hereby certify that I attended the deceased from ....., 19..., to ....., 19...; that I last saw h... alive on ....., 19...; and that death occurred on the date and hour stated above.

Immediate cause of death External Hemorrhage from Amputation of legs. Body badly mangled when he was Run over by a Train. Exact time, Train and crew Could not be Determined in the 8th St Tunnel 5/5/42

Duration

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) Accident

(b) Date of occurrence 5/5/42

(c) Where did injury occur? St Louis (City or town) MO (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? Industrial (Specify type of place)

While at work? (e) Means of injury

23. Signature Thomas F Callaway (M. D. or other)

Address Deputy Coroner Date signed 5/27/42

(Licensed Embalmer's Statement on Reverse Side)

4819

4819

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~~ L. Boy

....., Registered Apprentice No. My ....,

working under my personal supervision.

Signed Lonnie Boykin

Licensed Embalmer No. 294

P. O. Address St Louis M

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, fact should be so stated above.