. S. No. 2
0M—5-43
rv. 5-17-39
I X36671

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED APR 15 1944

Registration District No. 3

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 12065

Primary Registration District No. 6076

Registrar's No. 848

1. PLACE OF DEATH:
(a) County St. Louis
(b) City or town Robertson
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Dispensary B Lambert Field
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution (Specify whether
In this community years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State (b) County 999
(c) City or town Washington D. C. 47
(If outside city or town limits, write "RURAL")
(d) Street No. 3620 Rittenhouse N. W. St. 0
(If rural, give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country 2

3. (a) PRINT FULL NAME William S. Graham Jr.

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

3. (c) Social Security No.

4. Sex Male

5. Color or race White

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

6. (b) Name of husband or wife

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

7. Birth date of deceased Nov (Month) 20 (Day) 1923 (Year)

8. AGE: Years 20 Months 4 Days 16 If less than one day hr. min.

9. Birthplace Baltimore (City, town, or county) Maryland (State or foreign country)

10. Usual occupation Aviation Cadet

11. Industry or business U. S. N. R.

FATHER
12. Name William Scott Graham
13. Birthplace Unknown (City, town, or county) Unknown (State or foreign country) 9

MOTHER
14. Maiden name Unknown
15. Birthplace Unknown (City, town, or county) Unknown (State or foreign country) 9

16. (a) Informant Records Lambert Field,
(b) Address St. Louis, Mo.,

17. (a) Removal (Burial, cremation, or removal) (b) Date thereof 4-8-44 (Month) (Day) (Year)
(c) Place: burial or cremation Washington D. C.

18. (a) Signature of funeral director Louis H. Bopp Inc.
(b) Address Kirkwood, Mo.,

19. (a) APR 10 1944 (Date received local registrar) (b) E. G. McGuire, M.D. (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 6
year 1944 hour 6 minute 50P 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 Injuries Multiple & Extreme

Due to Airplane Crash

Due to

Other conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy No

Duration

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) Airplane 096
(b) Date of occurrence April 6 1944
(c) Where did injury occur? Lambert Field (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place?
Public Place (Specify type of place)
While at work? (c) Means of injury 0

23. Signature Capt. Lucas Clayton Mason (M. D. or other)
Address Lambert Field St. Louis Date signed 4-7-44

(Licensed Embalmer's Statement on Reverse Side)

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 Felix Durand

Licensed Embalmer No. 3034

P. O. Address Kirkwood Mo

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.