

FILED MAY 2 1944 8

Registration District No.

Primary Registration District No. 1004

Registrar's No. 3364

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

1. PLACE OF DEATH:

(a) County.....

(b) City or town. St. Louis, Mo
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:
Homer Phillips O
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution..... (Specify whether
Life (Specify whether

In this community.....
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State. Missouri (b) County.....

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

(d) Street No. 1421 Cass Ave.
(If rural, give location)

(e) Citizen of foreign country?..... (Yes or No)
If yes, name country.....

3. (a) PRINT FULL NAME Cornelius Graham

3. (b) If veteran, name war..... none

3. (c) Social Security No. none

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 9
year 1944 hour 11 minute 26 P. M.

21. I hereby certify that I attended the deceased from.....
....., 19....., to....., 19.....;

4. Sex Male 5. Color or race Negro 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 Dec. 12, 1943
(Month) (Day) (Year)

that I last saw h..... alive on....., 19.....;
and that death occurred on the date and hour stated above

Immediate cause of death.....
Status Lymphatic Lymphatoma

8. AGE: Years Months Days If less than one day

0 3 29 hr. min.

Duration

Due to.....

Due to.....

9. Birthplace St. Louis, Mo.
(City, town, or county) (State or foreign country)

10. Usual occupation.....

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

Major findings: Of operations.....

Of autopsy.....

11. Industry or business.....

12. Name Willie B. Graham

13. Birthplace Trenshaw Miss.
(City, town, or county) (State or foreign country)

14. Maiden name Betha West

15. Birthplace ? Ark.
(City, town, or county) (State or foreign country)

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?.....

16. (a) Informant Willie B. Graham

(b) Address 1421 Cass Ave.

While at work?..... (Specify type of place)

(c) Means of injury.....

23. Signature Alfred P. ... (M. D. or other)

Address..... Date signed 4/11/44

17. (a) Burial (b) Date thereof 4/11/44
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Greenwood Cem.

18. (a) Signature of funeral director Dement & Son

(b) Address 2629-31 Cole St.

19. (a) APR 11 1944 (b) J. F. Bresack
(Date received local registrar) (Registrar's signature)

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.....

Licensed Embalmer No.....

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, fact should be so stated above.