No. 2
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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED JUL 1 1944

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 22475

Registration District No. 317 Primary Registration District No. 2002 Registrar's No. 1358

1. PLACE OF DEATH:

(a) County St. Louis

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

(c) Name of hospital or institution: Christian Old People's Home
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 5 (Specify whether

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

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County St. Louis 96

(c) City or town University City 3
(If outside city or town limits, write "RURAL")

(d) Street No. 6600 Washington Avenue 5
(If rural, give location)

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

If yes, name country 0

3. (a) PRINT FULL NAME Georgia Lee Graves

3. (b) If veteran, name war None

3. (c) Social Security No. None

4. Sex Female

5. Color or race White

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

6. (b) Name of husband or wife George G. Graves

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

7. Birth date of deceased May (Month) 4, (Day) 1862 (Year)

8. AGE: Years 82 Months 1 Days 18 If less than one day ..... hr. ..... min.

9. Birthplace Warrenton (City, town, or county) Missouri (State or foreign country)

10. Usual occupation At Home

11. Industry or business

FATHER
12. Name William L. Carr
13. Birthplace Albamorrow Co. (City, town, or county) Virginia (State or foreign country)

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

16. (a) Informant Mrs. Gertrude C. Ham

(b) Address 4528 Cleveland Avenue

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof June (Month) 24 (Day) 1944 (Year)

(c) Place: burial or cremation Oak Grove Cemetery

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

(b) Address 1167 Hamilton Avenue.

19. (a) JUN 24 1944 (Date received by registrar) (b) E. L. McGovern, M. D. (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 22, 1944

year ..... hour 3:50 minute A M.

21. I hereby certify that I attended the deceased from Feb. 1, 1944, to June 21, 1944, that I last saw her alive on June 21, 1944, and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Hypostatic Pneumonia	3 days
Due to Carbuncle	10 days
Due to Arteriosclerosis	20 yrs
Other conditions Arteriosclerotic heart disease (Include pregnancy within 3 months of death)	5 yrs

Major findings:
Of operations
Of autopsy 93d

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? (Specify type of place)

While at work? (e) Means of injury

23. Signature A. H. Johnson, M.D. (M.D. or other)

Address 2428 N. Grand Date signed 6/23/44

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(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.....

Licensed Embalmer No.....

P. O. Address.....

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply wit the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.