

S. No. 2
 FORM-5-43
 Rev. 5-17-39
 I X38671

FILED SEP 9 1946
 318

Registration District No.

Primary Registration District No.

1903

Registrar's No.

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

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

3. (a) PRINT FULL NAME..... Sarah Graham
 3. (b) If veteran, name war..... No
 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..... Charles G. Graham
 6. (c) Age of husband or wife if alive..... years
 7. Birth date of deceased..... April 26, 1884
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	62	3	27	hr. min.

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

10. Usual occupation..... Housework

11. Industry or business.....
 12. Name..... Alfred Nickerson
 13. Birthplace..... Buffalo, New York
(City, town, or county) (State or foreign country)
 14. Maiden name..... Hannah Patterson
 15. Birthplace..... Scotland
(City, town, or county) (State or foreign country)

16. (a) Informant..... Mrs. R. F. Hellwig
 (b) Address..... 4408 Ashland Ave.

17. (a) Burial (b) Date thereof..... Aug. 26, 1946
(Burial, cremation, or removal) (Month) (Day) (Year)
 (c) Place: burial or cremation..... Valhalla Cemetery

18. (a) Signature of funeral director..... Calvin F. Feutz
 (b) Address..... 4828 Natural Bridge Blvd.

19. (a) AUG 24 1946 (b) J. J. Braden
(Date received local registrar) (Registrar's signature)

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..... 4408 Ashland Ave.
(If rural, give location)
 (e) Citizen of foreign country?..... No (Yes or No)
 If yes, name country.....

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month August day 23rd
 year 1946 hour 4:00 minute P. M.

21. I hereby certify that I attended the deceased from JULY 1 1946 to AUG 23 1946
 and that death occurred on the date and hour stated above.
 that I last saw ER alive on Aug 22 1946

Immediate cause of death..... Chronic myocardial infarction
 Due to..... arteriosclerosis
 Due to..... general
 Other conditions.....
(Include pregnancy within 3 months of death)

Duration
 44
 64
 PHYSICIAN
 Underline the cause to which death should be charged statistically.

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) (Means of injury)
 23. Signature..... J. J. Braden (M. D. or other)
 Address..... Date signed.....

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..... *Ralph C. Linders*

Licensed Embalmer No. *4235*

P. O. Address. *St. Louis, 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.