

S. No. 2  
DM-5-43  
v. 5-17-39  
I. X36871

FILED JUN 9 3 1947

State File No. 1

Registration District No.

Primary Registration District No. 3063

Registrar's No. 1119

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

1. PLACE OF DEATH:

(a) County St. Louis County

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

(c) Name of hospital or institution: St. Louis County Hospital  
(If not in hospital or institution, write street number and location)

(d) Length of stay: In hospital or institution 14 days  
(Specify whether years, months or days) 6 weeks

2. USUAL RESIDENCE OF DECEASED:

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

(c) City or town Richmond Hgts.  
(If outside city or town limits, write "RURAL")

(d) Street No. 8120 Dumas  
(If rural, give location)

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

If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME Odessa Graham

3. (b) If veteran, name war 3

3. (c) Social Security No. \_\_\_\_\_

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 1st  
year 1947 hour 7 minute 40 P.M.

21. I hereby certify that I attended the deceased from May 18th 1947, to June 1st 1947;  
that I last saw her alive on June 1st 1947  
and that death occurred on the date and hour stated above.

4. Sex Female

5. Color or race Col.

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

6. (b) Name of husband or wife Hudson Graham

6. (c) Age of husband or wife if alive 66 years

7. Birth date of deceased 2 - 18 - 1891  
(Month) (Day) (Year)

Immediate cause of death Cerebral vascular accident

Due to Hypertensive cardio-vascular disease

Due to 93d

Other conditions (Include pregnancy within 3 months of death) \_\_\_\_\_

8. AGE: Years 56 Months 3 Days 14  
If less than one day hr. \_\_\_\_\_ min. \_\_\_\_\_

9. Birthplace Carro, Ill.  
(City, town, or county) (State or foreign country)

10. Usual occupation Housewife

11. Industry or business \_\_\_\_\_

MOTHER FATHER { 12. Name William Scott

13. Birthplace \_\_\_\_\_  
(City, town, or county) (State or foreign country)

14. Maiden name Josephine Miller

15. Birthplace \_\_\_\_\_  
(City, town, or county) (State or foreign country)

PHYSICIAN \_\_\_\_\_

Underline the cause to which death should be charged statistically.

Major findings: \_\_\_\_\_

Of operations \_\_\_\_\_

Of autopsy \_\_\_\_\_

16. (a) Informant Husb. Hudson Graham

(b) Address 8120 Dumas, Rich. Hgts.

17. (a) Burial (b) Date thereof 6-5-47  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Father Dickson

18. (a) Signature of funeral director E. B. Hoome

(b) Address 1221 N. Grand

19. (a) 6-5-47 (b) Carol C. Sharf  
(Date received local registrar) (Registrar's signature)

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)

(e) Means of injury \_\_\_\_\_

Signature Wm. C. Citchlow (M. D. or other) \_\_\_\_\_

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.....

*Leroy U. Bannister*, Registered Apprentice No. *405*  
working under my personal supervision

Signed *Eugene Mils*

Licensed Embalmer No. *3623*

P. O. Address *1227 N. Island*

**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.**