No. 2
—1/47
5-17-39

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 39696
Registration District No. FILED DEC 15 1947 1818
Primary Registration District No. 1003
Registrar's No. 11231

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

1. PLACE OF DEATH:
(a) County
(b) City or town St. Louis
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: City Sanitarium
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 2yrs. 3mos. 24ds. (Specify whether
In this community 78 yrs.
years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County 200
(c) City or town St. Louis 17
(If outside city or town limits, write "RURAL")
(d) Street No. 3302a Oxford Ave 9
(If rural, give location) 0
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME MINNIE GRAHAM
3. (b) If veteran, name war No
3. (c) Social Security No. No
4. Sex female
5. Color or race white
6. (a) Single, widowed, married, divorced widow
6. (b) Name of husband or wife Samuel Graham
6. (c) Age of husband or wife if alive years
7. Birth date of deceased Oct. 23 1870
(Month) (Day) (Year)

8. AGE: Years 77 Months 1 Days 14 If less than one day hr. min.

9. Birthplace Ithaca New York
(City, town, or county) (State or foreign country)
10. Usual occupation Nil
11. Industry or business
FATHER
12. Name not known
13. Birthplace not known
(City, town, or county) (State or foreign country)
MOTHER
14. Maiden name not known
15. Birthplace not known
(City, town, or county) (State or foreign country)
16. (a) Informant Clara Robinson
(b) Address 5400 Arsenal St.
17. (a) Burial (b) Date thereof 12-10-1947
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Calvary Cem.
18. (a) Signature of funeral director Jay B. Smith
(b) Address 7456 Manchester
19. (a) DEC 8 - 1947 (b) J. F. Bredeck
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec. day 7
year 1947 hour 3.05 minute P M.
21. I hereby certify that I attended the deceased from Mar. 1 1946 to Dec. 7 1947
that I last saw her alive on Dec. 7 1947
and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death	
Generalized Arteriosclerotic heart Disease	8/13/45x
Due to Senility	
Due to	
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations	
Of autopsy No	

PHYSICIAN
Underline the cause of 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 Jack R. Ridelman (M. D. or other)
Address 5400 Arsenal St. Date signed 12/7/47

Jefferson City Printing Co. (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 H E Burgess

Licensed Embalmer No. 4029

P. O. Address Maplewood

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.