

No. 2
1/47
7-39

10217
3340

FEDERAL SECURITY AGENCY
National Office of Vital Statistics
FILED APR 12 1948 318

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH
1003

State File No. 10217
Registrar's No. 3340

Registration District No. Primary Registration District No. 1003

1. PLACE OF DEATH:
(a) County ST LOUIS
(b) City or town ST LOUIS
(c) Name of hospital or institution: 1349 ELLIOT
(d) Length of stay: SEVEN 7 YRS.

2. USUAL RESIDENCE OF DECEASED:
(a) State MISSOURI
(b) County
(c) City or town ST. LOUIS.
(d) Street No. 1349 Elliot
(e) Citizen of foreign country? no

3. (a) PRINT FULL NAME LUCY GRAHAM
3. (b) If veteran, name war
3. (c) Social Security No. NONE

4. Sex FEMALE
5. Color or race COL
6. (a) Single, widowed, married, divorced WIDOW
6. (b) Name of husband or wife
6. (c) Age of husband or wife if alive 17 years 1881

7. Birth date of deceased AUG 17 1881
8. AGE: Years 66 Months 7 Days 15

9. Birthplace OCEOLA ARKANSAS

10. Usual occupation HOUSE WORK

11. Industry or business NONE

12. Name PETER SINGLETON
13. Birthplace UNKNOWN

14. Maiden name UNKNOWN
15. Birthplace UNKNOWN

16. (a) Informant Zetta Wilson
(b) Address 1349 Elliot

17. (a) Burial
(b) Date thereof 4-7-48
(c) Place: burial or cremation GREENWOOD CEMETERY

18. (a) Signature of funeral director
(b) Address 2827 Washington Blvd

19. (a) APR 7 1948
(b) Registrar's signature J.D. Breck

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month April day 2 year 1948 hour 11 minute 15 P. M.
21. I hereby certify that I attended the deceased from March 16, 1948 to April 2, 1948 that I last saw her alive on April 2, 1948 and that death occurred on the date and hour stated above.

Immediate cause of death: Chronic myocarditis
Due to
Due to
Other conditions: (Include pregnancy within 3 months of death)

Major findings: Of operations
Of autopsy
PHYSICIAN

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?
(d) Did injury occur in or about work, on farm, in industrial place, in public place?
23. Signature: Blain M. Carles M.D. or other M.D. 4/5/48

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

MOTHER FATHER

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.....
Gregory W. Samster Registered Apprentice No. *405*
working under my personal supervision.

Signed.....
James D. Smith
Licensed Embalmer No. *18441*
P. O. Address *2829 Washington*

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.