

FILED JUL 2- 1952

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 22053
Registrar's No. 5765

318

1003

BIRTH NO. _____		REG. DIST. NO. _____		PRIMARY REG. DIST. NO. _____		Registrar's No. _____			
1. PLACE OF DEATH a. COUNTY _____				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY _____					
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>St. Louis</u>		c. LENGTH OF STAY (in this place) _____		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>St. Louis</u>		2119			
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>4579 Aldine Ave.</u>				d. STREET ADDRESS (If rural, give location) <u>4579 Aldine Ave.</u>					
3. NAME OF DECEASED (Type or Print) a. (First) <u>Phillip</u> b. (Middle) _____ c. (Last) <u>Graham</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>June 18 1952</u>						
5. SEX <input checked="" type="checkbox"/> Male		6. COLOR OR RACE <u>Colored</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>		8. DATE OF BIRTH <u>June 1, 1904</u>			
9. AGE (In years last birthday) <u>48</u>		10. MONTHS <u>0</u>		11. DAYS <u>17</u>		12. IF UNDER 18 HRS. Hours Min.			
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Farmer</u>			10b. KIND OF BUSINESS OR INDUSTRY _____			11. BIRTHPLACE (State or foreign country) <u>Mississippi</u>			
12. CITIZEN OF WHAT COUNTRY? <u>U. S. A.</u>			13a. FATHER'S NAME <u>William Graham</u>		13b. MOTHER'S MAIDEN NAME <u>Carrie McIntosh</u>		14. NAME OF HUSBAND OR WIFE <u>Toluer Graham</u>		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)		16. SOCIAL SECURITY NO. _____		17. INFORMANT'S SIGNATURE OR NAME <u>Ira Graham</u>				ADDRESS <u>4579 Aldine Ave.</u>	
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) <i>*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.</i>		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Hypertensive Heart Dis</u> INTERVAL BETWEEN ONSET AND DEATH <u>12 wks</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.							
19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION _____						20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify) _____		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) _____		21c. (CITY, TOWN, OR TOWNSHIP) _____		(COUNTY) _____		(STATE) _____	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) _____		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? <u>443A</u>					
22. I hereby certify that I attended the deceased from <u>April 15, 1952</u> to <u>June 12, 1952</u> , that I last saw the deceased alive on <u>June 17, 1952</u> , and that death occurred at <u>5:30 a.m.</u> , from the causes and on the date stated above.									
23a. SIGNATURE <u>Edward B. Williams</u>				(Degree or title) <u>M.D.</u>		23b. ADDRESS <u>4242 Barton School</u>		23c. DATE SIGNED <u>6-20-52</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removal</u>		24b. DATE <u>June 20, 1952</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Tupelo Miss</u>		24d. LOCATION (City, town, or county) <u>Tupelo</u>		(State) <u>Miss.</u>	
DATE REC'D BY LOCAL REG. <u>JUN 20 1952</u>		REGISTRAR'S SIGNATURE <u>J. C. Smith</u>			25. FUNERAL DIRECTOR'S SIGNATURE <u>J. H. Randle & Son</u>		ADDRESS <u>3133 Bell Ave.</u>		

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

mjb

(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.....

..... Student Embalmer No.
working under my personal supervision.

Student
Student Embalmer

Signed *S. J. Watson*

Licensed Embalmer No. *2648*

P. O. Address *2769 Chouteau*

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.