

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

26682

State File No. ....

FILED JUL 25 1952

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 317 PRIMARY REG. DIST. NO. 590 Registrar's No. 1914

1. PLACE OF DEATH a. COUNTY <b>St. Louis</b>		2. USUAL RESIDENCE (Where deceased lived.- If institution: residence before admission). a. STATE <b>Missouri</b> b. COUNTY <b>St. Louis</b>	
b. CITY OR TOWN <b>St. Ann</b>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>St. Ann</b>	
c. LENGTH OF STAY (in this place) <b>1 Yr.</b>		d. STREET ADDRESS (If rural, give location) <b>3522 St. Luke Lane</b>	
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION <b>3522 St. Luke Lane</b>		e. (If rural, give location)	

3. NAME OF DECEASED (Type or Print) a. (First) <b>Walter</b> b. (Middle) <b>Harold</b> c. (Last) <b>Graham</b>			4. DATE OF DEATH (Month) (Day) (Year) <b>July 14 1952</b>		
5. SEX <b>Male</b>		6. COLOR OR RACE <b>White</b>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Widowed</b>	
8. DATE OF BIRTH <b>June 26, 1879</b>		9. AGE (In years last birthday) <b>73</b>		IF UNDER 1 YEAR Months Days Hours Mins.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Optometrist</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>Optometrist</b>		11. BIRTHPLACE (State or foreign country) <b>Meridosia Ill.</b>	
12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>					

13a. FATHER'S NAME <b>George Graham</b>		13b. MOTHER'S MAIDEN NAME <b>UNKNOWN Lusk</b>		14. NAME OF HUSBAND OR WIFE <b>Clara Stroh Graham</b>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <b>No</b>		16. SOCIAL SECURITY (If year of war or dates of service) <b>No 492 03 8068</b>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <b>Walter H. Graham Jr. 3522 St. Luke</b>	

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, asphyxia, etc. It means the disease, injury, or complication which caused death.</i>		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>unknown natural causes</b>		INTERVAL BETWEEN ONSET AND DEATH <b>unk</b>	
ANTECEDENT CAUSES		Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last.			
		DUE TO (b)			
		DUE TO (c)		<b>7955</b>	
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"/>	
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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) (m.)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?	

22. I hereby certify that I attended the deceased from \_\_\_\_\_, 19\_\_\_\_, to \_\_\_\_\_, 19\_\_\_\_, that I last saw the deceased alive on \_\_\_\_\_, 19\_\_\_\_, and that death occurred at \_\_\_\_\_ m., from the causes and on the date stated above.

23a. SIGNATURE <b>Herbert R. Domke</b> (Degree or title)		23b. ADDRESS <b>651 S. Brentwood, Clayton</b>		23c. DATE SIGNED <b>7-18-52</b>	
24a. REMOVAL (Date) <b>7/16/52</b>		24b. DATE <b>7/16/52</b>		24c. NAME OF CEMETERY OR CREMATORY <b>Oakland Cemetery Meridosia Ill</b>	
24d. LOCATION (City, town, or county) (State)					

DATE REC'D BY LOCAL REG. <b>7-15-52</b>		REGISTRAR'S SIGNATURE <b>Herbert R. Domke</b>		25. FUNERAL DIRECTOR'S SIGNATURE <b>McCollister's Funeral Home</b> ADDRESS <b>10123 St. Char. Rd</b>	
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

DEC 13 1955

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 \_\_\_\_\_

*Sheldon Collier*

Licensed Embalmer No. 3382

P. O. Address 10123 St. Chas.

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.