

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATHState File No. **7217**FILED FEB 18 1954 REG. DIST. NO. **317** PRIMARY REG. DIST. NO. **548** Registrar's No. **189**

|  |                           |  |  |  |  |
|--|---------------------------|--|--|--|--|
| 1. PLACE OF DEATH<br>a. COUNTY <b>St. Louis</b>  |                           |  | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).<br>a. STATE <b>Mo.</b> b. COUNTY <b>St. Louis</b>   |  |  |
| b. CITY (If outside corporate limits, write RURAL and give OR TOWN <b>Webster Groves</b> )   |                           | c. LENGTH OF STAY (In this place) <b>18 Yrs</b>  | c. CITY OR TOWN <b>Webster Groves</b>  |  | d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input type="checkbox"/> |
| d. FULL NAME OF HOSPITAL OR INSTITUTION <b>11 Girard Drive</b>   |                           |  | e. STREET ADDRESS (If rural, give location) <b>11 Girard Drive</b>   |  |  |
| 3. NAME OF DECEASED (Type or Print)<br>a. (First) <b>JAMES</b> b. (Middle) <b>WASHINGTON</b> c. (Last) <b>GRAHAM</b>   |                           |  | 4. DATE OF DEATH (Month) (Day) (Year) <b>Jan-21-1954</b>   |  |  |
| 5. SEX <b>M</b>  | 6. COLOR OR RACE <b>W</b> | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Married</b>                                  | 8. DATE OF BIRTH <b>2-21-1882</b>  | 9. AGE (In years last birthday) <b>71</b>  | 10. MONTHS <b>71</b> 11. DAYS <b>71</b> 12. HOURS <b>71</b> 13. MIN. <b>71</b>   |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Contractor</b>  |                           | 10b. KIND OF BUSINESS OR INDUSTRY <b>Concrete</b>  | 11. BIRTHPLACE (City and State or Foreign Country) <b>Lincoln Co. Mo.</b>  |  | 12. CITIZEN OF WHAT COUNTRY? <b>USA</b>  |
| 13a. FATHER'S NAME <b>John Graham</b>  |                           | 13b. MOTHER'S MAIDEN NAME <b>Ellen Terry</b>   |  | 14. NAME OF HUSBAND OR WIFE <b>Marguerite Graham</b>                             |  |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <b>No</b>  |                           | 16. SOCIAL SECURITY NO. <b>496-36-0848</b>   |  | 17. INFORMANT'S SIGNATURE OR NAME ADDRESS <b>Mrs. J.W. Graham 11 Girard Dr.</b>  |  |
| 18. CAUSE OF DEATH<br>Enter only one cause per line for (a), (b), and (c)<br><br>*This does not mean the mode of dying, such as heart failure, aneurysm, etc. It means the disease, injury, or complication which caused death.  |                           |  | MEDICAL CERTIFICATION<br>I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Arteriosclerotic cardiac</b><br><br>ANTECEDENT CAUSES<br>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.<br>DUE TO (b) <b>vascular renal disease, etc.</b><br>DUE TO (c)<br>II. OTHER SIGNIFICANT CONDITIONS<br>Conditions contributing to the death but not related to the disease or condition causing death <b>Proctitis anasarca of aneurysm</b> |  |  |
| 19a. DATE OF OPERATION   |                           | 19b. MAJOR FINDINGS OF OPERATION <b>of extremities</b>   |  | 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?   |  |
| 22. I hereby certify that I attended the deceased from <b>Dec 15</b> , 19 <b>53</b> , to <b>Jan 21</b> , 19 <b>54</b> , that I last saw the deceased alive on <b>Jan 21</b> , 19 <b>54</b> , and that death occurred at <b>9:50 A.M.</b> , from the causes and on the date stated above. |                           |  |  |  |  |
| 23a. SIGNATURE (Degree or title) <b>W. H. Webster</b>  |                           |  | 23b. ADDRESS <b>Webster Groves Mo</b>  |  | 23c. DATE SIGNED <b>1-22-1954</b>  |
| 24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>  |                           | 24b. DATE <b>1-23-1954</b>   | 24c. NAME OF CEMETERY OR CREMATORY <b>Oak Hill Cemetery</b>  |  | 24d. LOCATION (City, town, or county) (State) <b>Kirkwood Mo.</b>  |
| DATE REC'D BY LOCAL REG. <b>1/22/54</b>  |                           | REGISTRAR'S SIGNATURE <b>Wesley B. Spinks M.D.</b>   |  | FUNERAL DIRECTOR'S SIGNATURE ADDRESS <b>F. Norm Webster Groves Mo.</b>           |  |

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

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.....  
Signature of Student Embalmer

Signed *Lucie Welch*.....

Licensed Embalmer No. *439*  
P. O. Address *Salisbury, Gro.*

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.  
If this body is not embalmed, fact should be so stated above.