

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **6794**
Registrar's No. **330**

FILED MAR 1 1955

BIRTH NO. _____ REG. DIST. NO. **317** PRIMARY REG. DIST. NO. **548**

1. PLACE OF DEATH a. COUNTY St Louis County		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY St Louis County	
b. CITY OR TOWN Webster Groves Mo		c. CITY OR TOWN Webster Groves Mo	
c. LENGTH OF STAY (In this place) 19 Yrs		d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
d. FULL NAME OF HOSPITAL OR INSTITUTION: 800 Cornet Avenue		e. STREET ADDRESS (If rural, give location) 800 Cornell Avenue	

3. NAME OF DECEASED (Type or Print)	a. (First) Lucy	b. (Middle) Ann	c. (Last) Graham	4. DATE OF DEATH (Month) (Day) (Year) Feb 4 1955
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5. SEX Female	6. COLOR OR RACE Negro	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Husband Deceased	8. DATE OF BIRTH Sept 17 1843	9. AGE (In years last birthday) 112 yrs	10. UNDER 1 YEAR Months	11. UNDER 1 HR. Hours	12. UNDER 1 MIN. Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) None	10b. KIND OF BUSINESS OR INDUSTRY None	11. BIRTHPLACE (City and State or Foreign Country) Carolina	12. CITIZEN OF WHAT COUNTRY? USA
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13a. FATHER'S NAME unk - Scott	13b. MOTHER'S MAIDEN NAME Lucy Ann Graham	14. NAME OF HUSBAND OR WIFE Fred Graham (Deceased)
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No	16. SOCIAL SECURITY NO. None	17. INFORMANT'S SIGNATURE OR NAME JOHN GRAHAM	ADDRESS 105 REAS NOR
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18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH 7 days
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Acute Coronary Occlusion		
	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 none	19b. MAJOR FINDINGS OF OPERATION none	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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21a. ACCIDENT SUICIDE HOMICIDE (Specify) none	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) none	21c. (CITY, TOWN, OR TOWNSHIP) none (COUNTY) none (STATE) none
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) none	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR? none
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22. I hereby certify that I attended the deceased from **2-1**, 19**55**, to **2-4**, 19**55**, that I last saw the deceased alive on **2-4**, 19**55**, and that death occurred at **12:30 A** m., from the causes and on the date stated above.

23a. SIGNATURE Frazier S. Alexander (Degree or title) MD	23b. ADDRESS 177 E. Kirkham Webster Mo	23c. DATE SIGNED 2-8-55
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24a. BURIAL/CREMATION, REMOVAL (Specify) Burial	24b. DATE Feb 9 1955	24c. NAME OF CEMETERY OR CREMATORY Father Dickson	24d. LOCATION (City, town, or county) (State) Kirkwood Mo
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DATE REC'D BY LOCAL REG. 2-9-55	REGISTRAR'S SIGNATURE Herbert P. Donker M.D.	FEDERAL DIRECTOR'S SIGNATURE Thaddeus T. Yordell	ADDRESS 1308 Eldridge
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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 *Theodore J. Yandell*

Licensed Embalmer No. 424

P. O. Address 130 Eldridge

Woburn, Mass

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.