

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **31746**

BIRTH **FILED OCT 8 - 1955** REG. DIST. NO. **317** PRIMARY REG. DIST. NO. **541** Registrar's No. **2148**

1. PLACE OF DEATH a. COUNTY <b>St. Louis County</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 (If outside corporate limits, write RURAL and give town) <b>Clayton, Mo.</b>		c. CITY OR TOWN <b>Kinloch</b>	
c. LENGTH OF STAY (in this place) (township) <b>10 days</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>St. Louis County Hospital</b>			
STREET ADDRESS (If rural, give location) <b>354 Washington St.</b>			

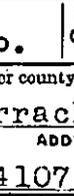
3. NAME OF DECEASED (Type or Print) a. (First) <b>BENNIE</b> b. (Middle) c. (Last) <b>GRAVES</b>			4. DATE OF DEATH (Month) (Day) (Year) <b>Sept. 11, 1955</b>		
5. SEX <b>Male</b>		6. COLOR OR RACE <b>Negro</b>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Married</b>	
8. DATE OF BIRTH <b>May 11, 1895</b>			9. AGE (In years last birthday) <b>60</b> IF UNDER 1 YEAR Months <b>4</b> Days <b>-</b> Hours <b>-</b> Min. <b>-</b>		
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Laborer</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>Record Center</b>		11. BIRTHPLACE (City and State or Foreign Country) <b>Helena, Ark</b>	
12. CITIZEN OF WHAT COUNTRY? <b>U. S. A.</b>					

13a. FATHER'S NAME <b>Glostion Graves</b>		13b. MOTHER'S MAIDEN NAME <b>Edith - Unknown</b>		14. NAME OF HUSBAND OR WIFE <b>Viola Graves</b>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <b>Yes</b> (If yes, give war or dates of service) <b>World War II</b>		16. SOCIAL SECURITY NO. <b>Unknown</b>		17. INFORMANT'S SIGNATURE OR NAME <b>Viola Graves</b> ADDRESS <b>354 Washington</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, asthenia, etc. It means the disease, injury, or complication which caused death.</i>		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Cerebral vascular accident</b>		INTERVAL BETWEEN ONSET AND DEATH <b>Approx 13 days</b>	
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 <b>334X</b>			20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input 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 **Sept. 2, 1955**, to **Sept. 11, 1955**, that I last saw the deceased alive on **Sept. 11, 1955**, and that death occurred at **7:55am**, from the causes and on the date stated above.

23a. SIGNATURE  (Degree or title) <b>M.D.</b>		23b. ADDRESS <b>601 S. Brentwood, Clayton, Mo.</b>		23c. DATE SIGNED <b>9-12-55</b>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>		24b. DATE <b>9/16/1955</b>		24c. NAME OF CEMETERY OR CREMATORY <b>National Cemetery</b>	
24d. LOCATION (City, town, or county) (State) <b>Jefferson Barracks Mo.</b>		DATE REC'D BY LOCAL REG. <b>9-14-55</b>		REGISTRAR'S SIGNATURE <b>Herbert R. Domba M.D.</b>	
25. FUNERAL DIRECTOR'S SIGNATURE <b>Charles J. Gates</b>		ADDRESS <b>4107 Finney</b>			

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

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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 *Arthur L. Heilliard*

Licensed Embalmer No....422

P. O. Address 4107 Finne

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.