# SSOURI DIVISION OF HEALTH – STANDARD CERTIFICATE OF DEATH

-61-034367
STATE FILE NUMBER

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 8699

AMENDED

FILED SEP 27 1961

1. PLACE OF DEATH
a. COUNTY

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Missouri b. COUNTY

b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN St. Louis — Length of stay in 1b

c. CITY OR TOWN St. Louis — Inside Limits Yes ☐ No ☐

c. FULL NAME OF HOSPITAL OR INSTITUTION (If NOT in hospital, give location) Homer G. Phillips — Inside Limits Yes ☐ No ☐

d. STREET ADDRESS (If outside, give location) 3943 West Belle — Reside on Farm Yes ☐ No ☐

3. NAME OF DECEASED (Type or print) First Mary Middle Last Graham

4. DATE OF DEATH Month 9 Day 15 Year 61

5. SEX Female

6. COLOR OR RACE Negro

7. Married ☒ Never Married ☐ Widowed ☐ Divorced ☐

8. DATE OF BIRTH Jan. 9, 1890

9. AGE (last birthday) 71 — IF UNDER 1 YEAR Months Days — IF UNDER 24 HR Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife

10b. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (City and state or country) Sparta, Tenn.

12. CITIZEN OF WHAT COUNTRY U.S.A.

13a. FATHER'S NAME Ned Leftwich

13b. MOTHER'S MAIDEN NAME Anna Harris

14. NAME OF HUSBAND OR WIFE Jesse Graham

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 Jesse Graham Address 3943 West Belle

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).

PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a) Fracture of Cervical Spine with Transection of Cord

DUE TO (b) 904.0-21

DUE TO (c)

INTERVAL BETWEEN ONSET AND DEATH: 6 Days, 12 Hrs., 50 Mins.

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last

O.K. Jacob M. Lucas Deputy Coroner 9-19-61

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

PART III. If deceased was female was there a pregnancy in last 90 days. ☐ Yes ☒ No ☐ Unknown

19. WAS AUTOPSY PERFORMED? YES ☐ NO ☒

20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.) Patient fell at home, injured her neck

20c. TIME OF INJURY 1:30 Hour a.m. ~~xxx~~ Month, Day, Year 9 9 61

20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) at home 3943 W. Belle

20f. CITY, TOWN, OR LOCATION St. Louis — COUNTY — STATE Missouri

21. I attended the deceased from 9-9-61, to 9-15-61 and last saw ~~xx~~ her alive on 9-15-61

Death occurred at 2:20 p.m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) Oliver W. Page M-D

22b. ADDRESS 2601 M. Whittier Street

22c. DATE SIGNED 9-18-61

23a. BURIAL, CREMATION, REMOVAL (Specify) Burial

23b. DATE 9-22-61

23c. NAME OF CEMETERY OR CREMATORY Washington Park

23d. LOCATION (City, town, or county) (State) 5500 Brown Rd St. Louis, Mo.

24. FUNERAL DIRECTOR Daisy L. Bruce — ADDRESS 4469 Washington

25. DATE RECD. BY LOCAL REG. SEP 19 1961

26. REGISTRAR'S SIGNATURE Carl Smith, M.D.

DATE AMENDED — INSTEAD OF — SHOULD READ — ITEM NO. — DOCUMENT — BY AFFIDAVIT OF — MEDICAL CERTIFICATION

**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 Frederick P. Stark

Licensed Embalmer No. 4599

P. O. Address St. Louis

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.