

1. PLACE OF DEATH			2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)			
a. COUNTY Camden		b. CITY <input type="checkbox"/> (Check box and give name) BOROUGH <input type="checkbox"/> TOWNSHIP <input type="checkbox"/> Camden	c. LENGTH OF STAY (in this place) 4 days	a. STATE N.J.	b. COUNTY Camden	
d. FULL NAME OF HOSPITAL OR INSTITUTION Our Lady of Lourdes Hosp.			d. STREET ADDRESS If rural, P. O. Address 906c Parkview Apts.			
3. NAME OF DECEASED (Type or Print) John Francis McGraw			4. DATE OF DEATH Feb. 7, 1963			
5. Sex Male	6. Color or Race	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. Date of Birth Feb. 12, 1892	9. Age (In years last birthday) 70	If under 1 Yr. Months 11 Days 25	If under 24 Hrs. Hours Min.
10a. Usual Occupation (Give kind of work done during most of working life, even if retired.) Store employee		10b. Kind Business or Industry A & P	11. Birthplace (State or Foreign country) Phila. Pa.		12. Citizen of What Country?	
13. FATHER'S NAME Hugh			14. MOTHER'S MAIDEN NAME Hanna O'Brien			
15. Was Deceased Ever In U. S. Armed Forces? (Yes, no, or unknown) (If yes, give war or date of service) No		16. Social Security No. 139-03-8233	17. INFORMANT Mrs. McGraw		Address same	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b) and (c).)					Interval Between Onset and Death	
PART I. DEATH WAS CAUSED BY:						
IMMEDIATE CAUSE (a) Acute Myocardial Infarction						
Conditions, if any, which gave rise to above cause (a), stating the exact cause last						
DUE TO (b) Arteriosclerosis						
DUE TO (c)						
PART II. Other Significant Conditions Contributing to Death But Not Related to the Terminal Disease Condition Given in Part I (a)					19. Was Autopsy Performed? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
20a. Accident <input type="checkbox"/> Suicide <input type="checkbox"/> Homicide <input type="checkbox"/> to the best of my knowledge		20b. Describe How Injury Occurred. (Enter nature of injury in Part I or Part II of item 18.)				
20c. Time of Injury Hour Month, Day, Yr. a. m. p. m.						
20d. Injury Occurred While at <input type="checkbox"/> Work at Work <input type="checkbox"/>		20e. Place of Injury e. g., in or about home, farm, factory, street, office bldg., etc.)	20f. City, Town or Location	County	State	
21. I attended the deceased from Feb. 3, 1963 to Feb. 7, 1963 and last saw her alive on Feb. 7, 1963 Death occurred at 5:28 P. m. on the date stated above; and to the best of my knowledge, from the causes stated.						
22a. SIGNATURE C. E. Meidt, M.D.			22b. Address Camden, N.J.		22c. Date Signed 2-8-63	
23a. Burial, Cremation, Removal (Specify)	23b. Date 2-11-63	23c. Name of Cemetery or Crematory Old Cathedral Ceme.		23d. Location (City, town or county) (State) Phila. Pa.		
24. Funeral Director's Signature Joseph L. Myrtetus		N.J. License No. 2569	Address Camden, N.J.	25. Date Rec'd. by Local Reg. 2-8-63	26. Registrar's Signature Vallie Francesconi	

MEDICAL CERTIFICATION