

**MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH**

Do not use this space.

3152

1. PLACE OF DEATH

County.....

Registration District No. 791

Township.....

Primary Registration District No. 1008

City St. Louis, Mo.

(No. 3438 Russell Blvd.)

File No.

Registered No. 919

St. Ward)

2. FULL NAME Arthur E. Graf

(a) Residence, No. 3438 Russell Blvd. St. 17 Ward.

(Usual place of abode) (If nonresident, give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>Male</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (Write the word) <u>Single</u>
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5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) July 9th, 1885

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, hrs. or min.
	<u>46</u>	<u>6</u>	<u>17</u>	

OCCUPATION	8. Trade, profession, or particular kind of work done, as spinning, sawyer, bookkeeper, etc.	<u>Wholesale Liquor</u>
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.	<u>(Retired)</u>
	10. Date deceased last worked at this occupation (month and year)	11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) St. Louis, Missouri 1

13. NAME August Graf

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) St. Louis, Missouri

15. MAIDEN NAME Sophia Rauer

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) St. Louis, Missouri

17. INFORMANT (ADDRESS) Mrs. Louis Boeyple, 3438 Russell Boulevard

18. BURIAL, CREMATION, OR REMOVAL PLACE SS. Peter & Paul DATE Jan. 29th, 1932

19. UNDERTAKER (ADDRESS) Wick Bros, 2201 S. Grand Boulevard

20. FILED 27 1932 Max C. Stork Registrar.

3 MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jan. 26th, 1932

22. I HEREBY CERTIFY, That I attended deceased from Jan. 26, 1932 to Jan. 26, 1932
I last saw him alive on Jan. 26, 1932 Death is said to have occurred on the date stated above, at 5:45 P.M.
The principal cause of death and related causes of importance were as follows:

Chronic Nephritis
(1) 1911 1931
Chronic Hypertension
Arterial Hypertension
Date of onset 4 years ago?
2 yrs?

Other contributory causes of importance:
Chronic Hypertension
Arterial Hypertension

Name of operation None Date of.....
What test confirmed diagnosis? Physic. Exam. Was there an autopsy? no

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide?..... Date of injury....., 19.....
Where did injury occur?..... (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.

Manner of injury.....
Nature of injury.....

24. Was disease or injury in any way related to occupation of deceased? no
If so, specify no

(Signed) W.P. Eimer, M. D.
(Address) 601 University Club Bldg

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

Nov. 1st 1871

1 P.M.