REC'D SEP 12 1938

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

791

27647
Do not use this space.

Registration District No. 1008

Primary Registration District No.

Registered No. 7661

1. PLACE OF DEATH

(a) County

(b) Township

(c) City St. Louis

(d) Street No. City Hospital No. 1 St.
(If death occurred in Hospital or Institution, write its name instead of street and number)

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

D. 7448

2. PRINT FULL NAME Mary Graef

(a) Residence, No. 5727 Kennerly St. 6 10
(Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: femal e
4. COLOR OR RACE: white
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write* the word): widowed

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: John Adam Graef

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): Oct 9, 1869

7. AGE YEARS	MONTHS	DAYS	If LESS than 1 day, ...hrs. or ....min.
68	10	18	

OCCUPATION

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc.: At home
9. Industry or business in which work was done, as saw mill, bank, etc.: nil
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, Misouri

FATHER

13. NAME: Frederick Dupske
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Austria

MOTHER

15. MAIDEN NAME: Anna Herweck
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Austria

17. INFORMANT (ADDRESS): Hosp. Info M. Kent

18. BURIAL, CREMATION, OR REMOVAL
PLACE SSPeter & Paul DATE Aug. 30, '38

19. FUNERAL DIRECTOR (ADDRESS): Chas. J. Krow Funeral Home 4911 Washington St.

20. FILED AUG 29 1938 J. F. Bredeck Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 8/27/38, 19

22. I HEREBY CERTIFY, That I attended deceased from 8/22/38, 19, to 8/27/38, 19

I last saw her alive on 8/27/38, 19. Death is said to have occurred on the date stated above at 10 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
cardiac hypertrophy	
broncho-pneumonia	

Other contributory causes of importance:

Erysipelas (rt. leg)

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy? yes

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?
If so, specify

(Signed) Edmund J. Weiss, M. D.

(Address) City Hospital No. 1

(Licensed Embalmer's Statement on Reverse Side)

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.

I X12004

STATEMENT BY LICENSED EMBALMER

I, Elton R. H. Remelius, Licensed Embalmer No. 3154

hereby certify that the body recorded on the reverse side of this certificate was embalmed by My-self.

L. E.

No. ..... or by ....., Registered Apprentice No. .....

working under my personal supervision.

Signed Elton R. H. Remelius

Licensed Embalmer No. 3154.

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.)