

REC'D MAY 10 1939

MISSOURI STATE BOARD OF HEALTH  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF DEATH12747  
Do not use this space.  
3089

## 1. PLACE OF DEATH

(a) County..... 2 Registration District No..... 291  
 (b) Township..... 1 Primary Registration District No..... 1003  
 (c) City or Town..... St. Louis (d) Street No. 3724 Michigan 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.

## 2. PRINT FULL NAME Cecelia Graf

(a) Residence, No. 3724 Michigan St. 16  
 (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 Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Andrew Graf

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Dec. 8, 1862

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.  
 76 3 23

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Housewife  
 9. Industry or business in which work was done, as saw mill, bank, etc.  
 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) Germany

13. NAME Unknown

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown

15. MAIDEN NAME Unknown

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown

17. INFORMANT John Graf  
(ADDRESS) 3724 Michigan

18. BURIAL, CREMATION, OR REMOVAL PLACE No. St. Marcus DATE Apr. 4, 1939

19. FUNERAL DIRECTOR (NAME) Wacker-Helderle  
(ADDRESS) 2331 S. Broadway20. FILED APR 2 1939 J. F. Budech  
Local Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) April 1, 1939

22. I HEREBY CERTIFY, That I attended deceased from June 14<sup>th</sup> 1935 to March 26<sup>th</sup> 1939  
 I last saw her alive on March 26<sup>th</sup> 1939. Death is said to have occurred on the date stated above, at 7:00 A. M.  
 The principal cause of death and related causes of importance were as follows:

Cerebral Hemorrhage Date of onset

Other contributory causes of importance:

Chronic Interstitial Nephritis

Name of operation..... Date of.....

What test confirmed diagnosis?..... Was there an autopsy?.....

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) J. H. Nothmann, M. D.  
(Address) 3108 Chipman St.

**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.....

*Robert Wheeler*

....., Registered Apprentice No.....

working under my personal supervision.

Signed.....

*Robert Wheeler*

Licensed Embalmer No. *2128*

P. O. Address *St Louis mo*

**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 this body is not embalmed, above space should be left blank.**