

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

Do not use this space.

30127

File No. _____
Registered No. 1422
St. _____ Ward _____

96 1. PLACE OF DEATH
County St. Louis 3
Township Barboursme 1
City Ballwin (No. PINE CREST HOME)
2. FULL NAME 615 Fred. Grafemann
(a) Residence, No. 4851 PALM ST. ST. LOUIS, Mo. Ward. _____
(Usual place of abode)
Length of residence in city or town where death occurred 2 yrs. 6 mos. da. How long in U. S., if of foreign birth? yrs. mos. da.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX MALE
4. COLOR OR RACE WHITE
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) SINGLE.
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF -
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Nov. 3 - 1880.
7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
58 9 5
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. NONE.
9. Industry or business in which work was done, as silk mill, 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) St. Louis, Mo. (STATE OR COUNTRY)

13. NAME FRANK GRAFEMANN

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

15. MAIDEN NAME AUGUSTA SCHENGBER

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

17. INFORMANT Mrs. C. H. Klockmann (ADDRESS) 4722 Natural Bridge St. Louis, Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE St. Peter's Cemetery DATE Aug. 11, 1939

19. UNDERTAKER Mr. M. Schumacher (ADDRESS) 4834 Natural Bridge

20. FILED AUG 10 1939 T. R. Meyer, M.D. Dist. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Aug. 8, 1939

22. I HEREBY CERTIFY, That I attended deceased from July 21, 1939, to Aug. 8, 1939.
I last saw him alive on Aug. 8, 1939. Death is said to have occurred on the date stated above, at 5:15 P. m.
The principal cause of death and related causes of importance were as follows:

Uremia
Chronic cystitis
Chronic nephritis
Chronic prostatitis
Chronic myocarditis
Hypostatic bronchopneumonia
131

Other contributory causes of importance:
Name of operation none Date of _____
What test confirmed diagnosis? Physical 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 none
Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? no
If so, specify _____ (Address) B. R. Loving, M. D. Ballwin, Mo.

