

JAN 12 1940

791

## STANDARD CERTIFICATE OF DEATH

State File No. 41751

Registration District No. 1003

Primary Registration District No.

Registrar's No. 10874

## 1. PLACE OF DEATH:

- (a) County St Louis
- (b) City or town St Louis  
(If outside city or town limits, write "RURAL" and name of township)
- (c) Name of hospital or institution:  
Deaconess Hospital  
(If not in hospital or institution, write street number or location)
- (d) Length of stay: In hospital or institution 2 weeks  
(Specify whether years, months or days)
- In this community 6 1/2  
years, months or days

3. (a) PRINT FULL NAME CATHARINA GRAELER
3. (b) If veteran, name war No
3. (c) Social Security No. No

4. Sex MALE 5. Color or race white
6. (a) Single, widowed, married, divorced MARRIED
6. (b) Name of husband or wife HENRY W GRAELER
6. (c) Age of husband or wife if alive 79 years
7. Birth date of deceased MARCH 16 1860  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
- 79 9 2 hr. min.

9. Birthplace: St Louis Co 1770  
(City, town, or county) (State or foreign country)

10. Usual occupation House wife
11. Industry or business At Home

- MOTHER FATHER
12. Name WILLIAM MAVIS
13. Birthplace UNKNOWN GERMANY  
(City, town, or county) (State or foreign country)
14. Maiden name CATHERINE LEMKE  
(City, town, or county) (State or foreign country)
15. Birthplace UNKNOWN GERMANY  
(City, town, or county) (State or foreign country)

16. (a) Informant's own signature Henry W Graeler
- (b) Address mt Pleasant mo
17. (a) Burial (b) Date thereof 12/21/39  
(Burial, cremation, or removal) (Month) (Day) (Year)
- (c) Place: burial or cremation Gvan. St Paul's em.
18. (a) Signature of funeral director Baumann Bros Co
- (b) Address overland mo
19. (a) DEC 20 1939 (b) J. B. Bauman  
(Date received local registrar) (Registrar's signature)

## 2. USUAL RESIDENCE OF DECEASED:

- (a) State mo (b) County St Louis
- (c) City or town mt Pleasant NR  
(If outside city or town limits, write "RURAL")
- (d) Street No. Warson Road  
(If rural, give location)
- (e) If foreign born, how long in U. S. A. \_\_\_\_\_ years.

## MEDICAL CERTIFICATION

20. DATE OF DEATH: Month December Day 18  
year 1939 hour 4 minute 10 P M.

21. I hereby certify that I attended the deceased from Jan, 3, 1939, to Dec 18, 1939  
that I last saw him alive on Dec, 18, 1939  
and that death occurred on the date and hour stated above.

Immediate cause of death Coronary Arteriosclerosis Duration 20 yrs

Due to \_\_\_\_\_

Due to \_\_\_\_\_

Other conditions Arteriosclerosis 24 yr  
(Include pregnancy within 3 months of death)

Major findings:  
Of operations \_\_\_\_\_

Of autopsy \_\_\_\_\_

PHYSICIAN \_\_\_\_\_  
Underline the cause to which death should be charged statistically

## 22. If death was due to external causes, fill in the following:

- (a) Accident, suicide, or homicide (specify) \_\_\_\_\_
- (b) Date of occurrence \_\_\_\_\_
- (c) Where did injury occur? \_\_\_\_\_  
(City or town) (County) (State)
- (d) Did injury occur in or about home, on farm, in industrial place, in public place? \_\_\_\_\_

While at work \_\_\_\_\_ (Specify type of place)  
(e) Means of injury \_\_\_\_\_

23. Signature J. B. Bauman (M. D. or other) \_\_\_\_\_  
Address 200 Centre Clayton Date signed 12/21/39

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**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.....

....., Registered Apprentice No.....  
working under my personal supervision.

Signed Geo. P. Bannerman

Licensed Embalmer No. 2315

P. O. Address Overland, 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.**