DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 44694

Registration District No. 784 Primary Registration District No. 115 Registrar's No. 2288

1. PLACE OF DEATH:

(a) County Ot Louis 2

(b) City or town Bniversity City
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:
908 Eastgate Ave.
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution _____ (Specify whether
In this community _____ years, months or days)

2. USUAL RESIDENCE OF DECEASED: 1

(a) State Missouri (b) County _____

(c) City or town University City
(If outside city or town limits, write "RURAL")

(d) Street No. 908 Eastgate Ave.
(If rural, give location)

(e) If foreign born, how long in U. S. A.? _____ years.

3. (a) PRINT FULL NAME Celia Graetz BOOrstein 623

3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

4. Sex Female 5. Color or race Wh. 6. (a) Single, widowed, married, divorced Widow

6. (b) Name of husband or wife Morris 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased Feb (Month) 9 (Day) 1879 (Year)

8. AGE: Years 60 Months 10 Days 16 If less than one day _____ hr. _____ min.

9. Birthplace St. Louis (City, town, or county) Mo. (State or foreign country)

10. Usual occupation At Home 6

11. Industry or business 6

FATHER
12. Name Elkin Graetz
13. Birthplace _____ (City, town, or county) Germany 6 (State or foreign country)

MOTHER
14. Maiden name Rose Engel
15. Birthplace _____ (City, town, or county) Germany (State or foreign country)

16. (a) Informant's own signature Roy Kanter
(b) Address 908 Eastgate

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Dec.- 28-39 (Month) (Day) (Year)
(c) Place: burial or cremation Mt. Olive Cemetery

18. (a) Signature of funeral director Herman Rindskopf
(b) Address 5216 Delmar Blvd.

19. (a) DEC 26 1939 (Date received local registrar) (b) R. Meyer M.D. (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month December day 25 year 1939 hour 6:30 minute _____ M.

21. I hereby certify that I attended the deceased from April 1933, 1933, to Dec. 25th, 1939; that I last saw her alive on Dec. 25th, 1939; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Acute Pulmonary Edema	2 hrs.
Due to: Coronary Occlusion & Degenerative Heart Disease	6 yrs.
Due to:	
Other conditions: Diabetes Mellitus (Include pregnancy within 3 months of death)	6 yrs.
Major findings: Left Hemiplegia; Hypertension	
Of operations:	
Of autopsy:	

PHYSICIAN — Underline the cause to which death should be charged statistically.

59

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? _____ (Specify type of place)
While at work? _____ (e) Means of injury _____

23. Signature Louis J. Arthur (M. D. or other) 1
Address 3720 Washington St. Louis Mo. Date signed Dec. 26 1939

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

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.

Rev. 5-17-39 I X19511

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 Charles Cooper

Licensed Embalmer No. 3830

P. O. Address 5216 Delmar Blvd.

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.