023

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED APR 15 1940

Registration District No.

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

Primary Registration District No.

State File No. 8665

Registrar's No. 2148

1. PLACE OF DEATH:

(a) County

(b) City or town St. Louis, Missouri
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: City Hospital, #1
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 2 Yrs. 6 Mos.
(Specify whether
In this community
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County

(c) City or town St Louis 23
(If outside city or town limits, write "RURAL")

(d) Street No. 1714 S. 7th St.
(If rural, give location)

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

3. (a) PRINT FULL NAME Joseph Graser

3. (b) If veteran, name war

3. (c) Social Security No.

4. Sex M

5. Color or race W

6. (a) Single, ~~widowed, married,~~ ~~divorced~~

6. (b) Name of husband or wife

6. (c) Age of husband or wife if alive years

7. Birth date of deceased Sept (Month) 21 (Day) 1854 (Year)

8. AGE: Years 85 Months 5 Days 10 If less than one day hr. min.

9. Birthplace Austria (City, town, or county) (State or foreign country)

10. Usual occupation Laborer

11. Industry or business Unk.

FATHER
12. Name Joseph Graser
13. Birthplace Austria (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Unknown
15. Birthplace Austria (City, town, or county) (State or foreign country)

16. (a) Informant's own signature Mrs Geo Grandt
(b) Address 712 Brittany Lane W

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 3-4-40 (Month) (Day) (Year)
(c) Place: burial or cremation Sunset Br. Pk.

18. (a) Signature of funeral director Mt Bros Ft U.C.
(b) Address 2929 S. Jefferson Ave

19. (a) MAR 4 1940 (Date received local registrar) (b) J F Beldeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 1, year 1940 hour 9:30 minute P. M.

21. I hereby certify that I attended the deceased from August 18, 1937 to March 1, 1940 that I last saw him alive on March 1, 1940 and that death occurred on the date and hour stated above.

Immediate cause of death Pulmonary Tuberculosis

Due to

Due to

Other conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

Duration

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?
(Specify type of place)

While at work? (e) Means of injury

23. Signature: [signature] (M. D. or other)

Address 1515 Lafayette, Date signed 3/2/40

(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 Edgar F. Witt Lic. Embalmer ~~Registered Apprentice~~ No. ....., working under my personal supervision.

Signed Paul A. Franklin

Licensed Embalmer No. 3472

P. O. Address 9995 Jefferson

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.