

Registration District No. **791** Primary Registration District No. **1003**

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

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: FAITH HOSP.
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 1 DAY
(Specify whether years, months or days)

In this community _____

3. (a) PRINT FULL NAME HENRY W. GRAELER

3. (b) If veteran, name war NONE 3. (c) Social Security No. NONE

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced W

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

7. Birth date of deceased JAN. 30 1861
(Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
<u>79</u>	<u>10</u>	<u>30</u>	hr. _____ min. _____

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

10. Usual occupation FARMER

11. Industry or business _____

12. Name ERNST GRAELER

13. Birthplace GERMANY
(City, town, or county) (State or foreign country)

14. Maiden name UNKNOWN

15. Birthplace UNKNOWN
(City, town, or county) (State or foreign country)

16. (a) Informant EDGAR GRAELER

(b) Address MT. PLEASANT MO

17. (a) BURIAL (b) Date thereof 12/24/40
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation EV. ST. PAULS, CEM.

18. (a) Signature of funeral director Baummann Bros

(b) Address 2568 Wonders Rd Overland

19. (a) DEC 23 1940 (b) W. Bredebeck
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State MISSOURI (b) County ST. LOUIS

(c) City or town MT. PLEASANT MO
(If outside city or town limits, write "RURAL")

(d) Street No. WARSON, RD.
(If rural, give location)

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

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month DEC day 20 year 1940 hour 6 minute 55 P.M.

21. I hereby certify that I attended the deceased from Dec. 20, 1940, to Dec. 20, 1940, that I last saw him alive on Dec. 20, 1940, and that death occurred on the date and hour stated above.

Immediate cause of death _____

Acute lobar pneumonia 1 day

Due to _____

Due to _____

Other conditions Chr. myocarditis
(Include pregnancy within 3 months of death)

Major findings: Of operations _____

Of autopsy _____

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? no (Specify type of place) _____ (a) Means of injury _____

23. Signature John D. Bonnell M. D. or other _____

Address 2500 Lackland Rd. Date signed 12/21/40
Overland, Mo.

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

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.....

Carl J. Mueller

Licensed Embalmer No. 3039

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, fact should be so stated above.