

No. 2
4-13-40
5-17-39
P. H. X23159

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

4385
1954
State File No.
Registrar's No.

Registration District No. 194291

Primary Registration District No. 1003

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

1. PLACE OF DEATH:
(a) County
(b) City or town St. Louis
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution Missouri Pacific Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution
In this community years, months or days

3. (a) PRINT FULL NAME Edward Graf
(b) If veteran, name war
(c) Social Security No. 702-12-4117

4. Sex Male 5. Color or race White
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Mrs. Mary Graf
6. (c) Age of husband or wife if alive 28 years
7. Birth date of deceased 7 28 1875
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
66 8 4 hr. min.

9. Birthplace Black Jack Missouri
(City, town, or county) (State or foreign country)

10. Usual occupation Terminal Railroad Clerk

11. Industry or business Terminal Railroad Co

MOTHER FATHER { 12. Name Peter Graf
13. Birthplace Black Jack Missouri
(City, town, or county) (State or foreign country)
14. Maiden name Pauline Walthers
15. Birthplace Germany
(City, town, or county) (State or foreign country)

16. (a) Informant Mary Graf
(b) Address 4945 Blow Street

17. (a) Burial (b) Date thereof 3 5 1942
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation St. Matthews Cemetery

18. (a) Signature of funeral director Truth Center Mortuary

(b) Address 4024 Lindell Blvd.

19. (a) MAR 3 1942 (b) J. J. Hedrick
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County 000
(c) City or town St. Louis
(If outside city or town limits, write "RURAL") 217
(d) Street No. 4945 Blow
(If rural, give location) 5
(e) If foreign born, how long in U. S. A.?

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month March day 2nd
year 1942 hour 5:15 A.M. minute M.

21. I hereby certify that I attended the deceased from
19 to 19
that I last saw him alive on 19
and that death occurred on the date and hour stated above.

Immediate cause of death
Chronic Myocarditis
(Cardiac Hypertrophy)

Due to Chronic Nephritis

Due to

Other conditions
(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?

(Specify type of place)
While at work Means of injury 3
23. Signature Edward Perry (M. D. or other)
Address Deputy Coroner Date signed 3/3/42

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 _____

Licensed Embalmer No. 4110

P. O. Address St. Louis, 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.