V. S. No. 2
50M—5-42
Rev. 5-17-39

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 12178

FILED APR 28 1943

Registration District No. 318

Primary Registration District No. 1003

Registrar's No. ~~3633~~ 800 17 924

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:
2905 Cherokee Street 1
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution (Specify whether
In this community 43 years
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County

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

(d) Street No. 2905a Cherokee Street
(If rural, give location)

(e) Citizen of foreign country? No 0 (Yes or No)

If yes, name country

3. (a) PRINT FULL NAME Dr. Henry P. Graul

3. (b) If veteran, name war ----

3. (c) Social Security No.

4. Sex Male

5. Color or race White

6. (a) Single, widowed, married, divorced Widowed 2

6. (b) Name of husband or wife Mrs. Alice Graul

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

7. Birth date of deceased January 31, 1881
(Month) (Day) (Year)

8. AGE: Years 62 | Months 2 | Days 16 | If less than one day hr. min.

9. Birthplace ~~Brenham~~ BURTON (City, town, or county) Texas 1 (State or foreign country)

10. Usual occupation Physician

11. Industry or business Self

FATHER
12. Name Dr. Jacob Graul
13. Birthplace (City, town, or county) Germany 4 (State or foreign country)

MOTHER
14. Maiden name Wilhelmina Stork
15. Birthplace (City, town, or county) Germany 4 (State or foreign country)

16. (a) Informant Dr. Henry C. Graul
(b) Address 2905 Cherokee St.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Apr. 19, 1943 (Month) (Day) (Year)
(c) Place: burial or cremation Our Redeemer Cemetery

18. (a) Signature of funeral director Beiderwieden F. H. Inc.
(b) Address 1936 St. Louis Avenue

19. (a) APR 19 1943 (Date received local registrar) (b) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 16
year 1943 hour 2 minute 40 P. M.

21. I hereby certify that I attended the deceased from May 22, 1942 to April 16, 1943;
that I last saw him alive on April 16, 1943,
and that death occurred on the date and hour stated above.

Immediate cause of death Cardiac Failure
Anginal Type

Due to

Due to

Other conditions None
(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 Herbert J. Nudi (M. D. or other) M.D.
Address 3533 Gravois Blvd. Date signed 4/17/43

(Licensed Embalmer's Statement on Reverse Side)

Dr. H. J. Rudi
3532 Gravois
1-3

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 Felix J. Kuspin

Licensed Embalmer No. 3497

P. O. Address 1936 St. Louis

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.