

S. No. 2
M-5-42
7-17-39

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

15379

State File No. _____

Registration District No. 317

Primary Registration District No. 3070

Registrar's No. 1102

1. PLACE OF DEATH:

(a) County St. Louis Webster Groves

(b) City or town _____

(c) Name of hospital or institution: _____

(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution _____ (Specify whether _____)

In this community 2 years (Specify whether _____ years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County St. Louis

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

(d) Street No. 872 Newport Ave (If rural, give location)

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

If yes, name country _____

3. (a) PRINT FULL NAME George Henry Graubner

3. (b) If veteran, name war No

3. (c) Social Security No. None

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 10th year 1943 hour 13 minute - a.m.

4. Sex Male

5. Color White race _____

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

6. (b) Name of husband or wife Mathilda Graubner

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

7. Birth date of deceased: October 29 1862 (Month) (Day) (Year)

21. I hereby certify that I attended the deceased from January 1943 to May 10 1943 that I last saw him alive on Apr 28 1943 and that death occurred on the date and hour stated above.

8. AGE: Years 80 Months 6 Days 11 If less than one day _____ hr. _____ min.

Immediate cause of death: Chy. myocarditis Hypertension Arteriosclerosis Inguinal Hernia

Due to _____

Due to _____

Other conditions (include pregnancy within 3 months of death) 93d

9. Birthplace Bethlem Co Missouri (City, town, or county) (State or foreign country)

10. Usual occupation Retired Manager (1940)

11. Industry or business Bakery Business

12. Name Unknown

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

14. Maiden name _____

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

PHYSICIAN _____

Underline the cause to which death should be charged statistically.

Major findings: Of operations _____

Of autopsy _____

16. (a) Informant Collin Jones

(b) Address 410 W Kirkham Ave N. 9

17. (a) Burial (b) Date thereof 5-13-43 (Month) (Day) (Year)

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

18. (a) Signature of funeral director MIL BERG FUNERAL HOME, INC.

(b) Address _____

19. (a) 5-11-43 (Date received local registrar)

(b) C. H. Moran, MD (Registrar's signature)

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? _____ (Specify type of work) (a) Means of injury _____

23. Signature Victor Reese (M. D. or other) MD

Address 120 E Lockwood Date signed May 10 1943

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

215
1/83

744

MAY 12 1948

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 Ernest W. Spillars
Licensed Embalmer No. 4080
P. O. Address 3747 Dunnic

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.