

STANDARD CERTIFICATE OF DEATH

State File No.

FILED MAR 23 1945 318

1003

Registration District No.

Primary Registration District No.

Registrar's No. 0258

20
17
9

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

1. PLACE OF DEATH:

(a) County.....

(b) City or town ST. LOUIS MO.
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:
CHRISTIAN HOSP
(If not in hospital or institution, write street number or location)

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

In this community.....
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State..... MO (b) County..... 000

(c) City or town..... ST LOUIS
(If outside city or town limits, write "RURAL")

(d) Street No. 4740 THURSH
(If rural, give location)

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

If yes, name country.....

3. (a) PRINT FULL NAME EMMA Graubner

3. (b) If veteran, name war..... 3. (c) Social Security No.

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

6. (b) Name of husband or wife..... ALFRED 6. (c) Age of husband or wife if alive..... 65 years

7. Birth date of deceased..... 10 / 31 / 1880
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day

64 4 7 hr. min.

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

10. Usual occupation HOME

11. Industry or business SELF

12. Name PHILIP HOFFMAN

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

14. Maiden name ELIZABETH GEROLD

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

16. (a) Informant Alfred Graubner

(b) Address 4740 Thursh ave

17. (a) BURIAL (b) Date thereof. MAR-12-45
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation ST. PETERS

18. (a) Signature of funeral director..... Provoost Ind Co

(b) Address 3710 of Grand ave

19. (a) MAR 10 1945 (b) J. F. Br...
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month..... 8 day March
year..... 1945 hour..... 10 minute 20 p. M.

21. I hereby certify that I attended the deceased from 3-7-45
....., 19..... to..... 3-8-45....., 19.....;

that I last saw her alive on..... 3-8-45....., 19.....
and that death occurred on the date and hour stated above.

Immediate cause of death..... agranulocytosis 36 hrs.

Due to..... arterial hypertension

Due to.....

Other conditions.....
(include pregnancy within 3 months of death)

Major findings:
Of operations.....

Of autopsy.....

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..... J. F. Br... (M. D. or other) M.D.
Address..... 5078... Date signed..... 3-9-45

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..... *Frank A. Moore*.....
Licensed Embalmer No..... *3041*.....
P. O. Address..... *2117 E. Grand*.....

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.