

S. No. 2  
M-5-43  
v. 5-17-39  
I X36671

DEPARTMENT OF COMMERCE  
BUREAU OF THE REGISTERS  
THE STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH  
1003

28673  
State File No.  
Registrar's No. 7362

Registration District No. 318 Primary Registration District No. Registrar's No. 7362

1. PLACE OF DEATH:  
(a) County St. Louis  
(b) City or town St. Louis  
(c) Name of hospital or institution: Missouri Baptist Hospital  
(d) Length of stay: In hospital or institution 10 days  
In this community years, months or days

2. USUAL RESIDENCE OF DECEASED:  
(a) State Missouri (b) County 96  
(c) City or town Ferguson NR 6  
(d) Street No. 1840 S. Florissant road NR 2  
(e) Citizen of foreign country? (Yes or No) 1  
If yes, name country.

3. (a) PRINT FULL NAME Minnie Graeff  
3. (b) If veteran, name war no 3. (c) Social Security No. none  
4. Sex female / 5. Color or race white  
6. (a) Single, widowed, married, divorced widow 2  
6. (b) Name of husband or wife Harry E. Graeff  
6. (c) Age of husband or wife if alive years  
7. Birth date of deceased February 4 1882  
(Month) (Day) (Year)

MEDICAL CERTIFICATION  
20. DATE OF DEATH: Month August day 23 year 1946 hour 4 minute 30 P.M.  
21. I hereby certify that I attended the deceased from 6/1-46 19... 8/23-46  
that I last saw him alive on 8/23-46 19... and that death occurred on the date and hour stated above.

8. AGE: Years Months Days If less than one day  
64 6 19 hr. min.

Immediate cause of death  
Due to Myocardial Infarction  
Due to Defects du Glomerculo  
Other conditions (Include pregnancy within 3 months of death)  
Major findings: Of operations 13/A  
Of autopsy

9. Birthplace St. Louis (City, town, or county) (State or foreign country)  
10. Usual occupation at home  
11. Industry or business at home  
12. Name not known  
13. Birthplace not known (City, town, or county) (State or foreign country)  
14. Maiden name not known  
15. Birthplace not known (City, town, or county) (State or foreign country)

PHYSICIAN  
Underline the cause to which death should be charged statistically.

16. (a) Informant Harry Graeff  
(b) Address 1840 S. Florissant Road  
17. (a) Burial (b) Date thereof Aug-26-46 (Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: burial or cremation New St. Marcus Cemetery  
18. (a) Signature of funeral director A. K. R. & Co.  
(b) Address 2707 N. Grand Blv'd  
19. (a) AUG 25 1946 (b) J. F. Breder (Date received local registrar) (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 place) (2) Means of injury  
23. Signature E. K. Anderson (M. D. or other) 8/24-46  
Date signed 8/24-46

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

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**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 Stanley H. Dixon

Licensed Embalmer No. 4193

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.**