S. No. 2
M—1/47
. 5-17-39

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

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

43069
State File No.

FILED DEC 31 1947
Registration District No. 818

Primary Registration District No. 1003

Registrar's No. 11587

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: Jewish Hospital 0
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution (Specify whether years, months or days) 55 days
In this community

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County 000
(c) City or town St. Louis 17
(If outside city or town limits, write "RURAL")
(d) Street No. 4961 Lilburn Ave. 9
(If rural, give location)
(e) Citizen of foreign country? 7 (Yes or No) 5
If yes, name country

3. (a) PRINT FULL NAME Graydon, Mrs Florence
3. (b) If veteran, name war
3. (c) Social Security No.

4. Sex Female
5. Color or race White
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Frederick D. Graydon
6. (c) Age of husband or wife if alive 53 years
7. Birth date of deceased October (Month) 4 (Day) 1893 (Year)

8. AGE: Years 54 Months 2 Days 14 If less than one day hr. min.

9. Birthplace Illinois (City, town, or county) (State or foreign country)
10. Usual occupation At home
11. Industry or business

MOTHER FATHER
12. Name Oliver O. George
13. Birthplace Unknown (City, town, or county) (State or foreign country)
14. Maiden name Phoebe Squires
15. Birthplace Illinois (City, town, or county) (State or foreign country)

16. (a) Informant Frederick D. Graydon
(b) Address 4961 Lilburn
17. (a) burial (Burial, cremation, or removal) (b) Date thereof 12-20-47 (Month) (Day) (Year)
(c) Place: burial or cremation Bellefontaine Cem.
18. (a) Signature of funeral director Math Hermann & Son, Inc.
(b) Address 2161 East Fair Ave.
19. (a) DEC 19 1947 (Date received local registrar) (b) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month December day 18 year 1947 hour 5 P.M. minute 45 M.
21. I hereby certify that I attended the deceased from December 11, 1947 to Dec. 18 1947 that I last saw her alive on Dec. 18 1947 and that death occurred on the date and hour stated above.

Immediate cause of death Pneumonia, broncho
Due to Inanition & debility
Due to Hypertensive Cardio-Vascular disease and hemiplegia, left
Other conditions (Include pregnancy within 3 months of death)
Major findings: Marked hematuria, possible renal tumor
Of operations
Of autopsy

Duration

PHYSICIAN
Underline the cause of 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) 0
While at work? (e) Means of injury

23. Signature Martin Bergmann M.D. (M. D. or other)
Address 3720 Washington Ave Date signed 19 Dec. 47

Jefferson City Printing Co.

(Licensed Embalmer's Statement on Reverse Side)

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.

Cert. filed separately

Signed.....

Licensed Embalmer No.....

P. O. Address.....

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.