FEDERAL SECURITY AGENCY
National Office of Vital Statistics

MISSOURI DIVISION OF HEALTH

STANDARD CERTIFICATE OF DEATH

FILED JUL 23 1948

State File No. 24321

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 6327

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 4454 Lee Ave.
(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 Missouri (b) County 510

(c) City or town St. Louis 17
(If outside city or town limits, write "RURAL")

(d) Street No. 4454 Lee Ave. 90
(If rural, give location)

(e) Citizen of foreign country? 10 (Yes or No)

If yes, name country

3. (a) PRINT FULL NAME Johanna Grabau

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

6. (b) Name of husband or wife Frederic Grabau

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

7. Birth date of deceased August (Month) 15 (Day) 1856 (Year)

8. AGE: Years 91 Months 11 Days 1 If less than one day hr. min.

9. Birthplace (City, town, or county) Germany (State or foreign country) 4

10. Usual occupation Housewife

11. Industry or business

FATHER
12. Name Carl Kuhlo
13. Birthplace (City, town, or county) Germany (State or foreign country) 4

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

16. (a) Informant Mrs. E. Hessler
(b) Address 4454 Lee Ave.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 7-18-48 (Month) (Day) (Year)
(c) Place: burial or cremation Cottleville, Mo.

18. (a) Signature of funeral director T. E. Pitman
(b) Address Wentzville, Mo.

19. (a) JUL 16 1948 (Date received local registrar) J. F. Breseck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 16
year 1948 hour 4 minute 30 A M.

21. I hereby certify that I attended the deceased from June 10, 1946 to July 16, 1948
that I last saw her alive on July 12, 1948
and that death occurred on the date and hour stated above.

Immediate cause of death Chronic Myocarditis

Due to

Due to Senility. 93

Other conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

Duration: 2 yrs.

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)

While at work? (e) Means of injury

23. Signature Charles E. Martin (M. D. ~~or other~~)

Address 3911 Lee St. Louis Date signed 7/16/48

Jefferson City Printing Co. (Licensed Embalmer's Statement on Reverse Side) CHARLES E MARTIN

WRITE PLAINLY—USING UNFADING BLACK INK

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.....

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.