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UNION OF AMERICA  
DIVISION OF HEALTH  
STANDARD CERTIFICATE OF DEATH  
1003

State File No. 27750  
Registrar's No. 7082

FILED AUG 23 1948  
Registration District No. 318

Primary Registration District No. 1003

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

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:  
City Hospital 0  
(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)

3: (a) PRINT FULL NAME Catherine Graber  
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 Single  
6. (b) Name of husband or wife. --- 6. (c) Age of husband or wife if alive. --- years  
7. Birth date of deceased. April 17 1873  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
75 3 23 hr. min.

9. Birthplace St. Louis Missouri  
(City, town, or county) (State or foreign country)

10. Usual occupation Home

11. Industry or business

MOTHER FATHER  
12. Name John Graber  
13. Birthplace Unknown Iowa  
(City, town, or county) (State or foreign country)  
14. Maiden name Catherine Bobmeyer  
15. Birthplace Unknown Germany  
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Louise Ogle  
(b) Address 2914 Mt. Pleasant

17. (a) Burial (b) Date thereof 8/13/48  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: burial or cremation New Picker Cemetery

18. (a) Signature of funeral director Wacker-Heldt  
(b) Address 5634 Gravois Ave.

19. (a) AUG 12 1948 (b) J. F. Bredenk  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County you  
(c) City or town St. Louis 17  
(If outside city or town limits, write "RURAL") 9  
(d) Street No. 4126 California Ave. 0  
(If rural, give location)  
15  
(e) Citizen of foreign country?..... (Yes or No)  
If yes, name country.....

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Aug. day 10th  
year 1948 hour 7 minute 35P. M.

21. I hereby certify that I attended the deceased from....., 19....., to....., 19.....;  
that I last saw h..... alive on....., 19.....;  
and that death occurred on the date and hour stated above.

Immediate cause of death Coronary Sclerosis Arterio Sclerosis Duration

Due to.....

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?

While at work?..... (Specify type of place)  
Means of injury.....  
23. Signature Patrick E. Taylor (M.D. or other)  
Address 1300 Clark Date signed 8-12-48

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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 *Delif J. Krupin*

Licensed Embalmer No. 3497

P. O. Address 3634 Gravois

**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.**