

FILED JAN 13 1951

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

42298
State File No. 11370
Registrar's No.

BIRTH NO. REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003

1. PLACE OF DEATH a. COUNTY 5800 Arsenal St.		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri.	
b. CITY (If outside corporate limits, write RURAL and give township) St. Louis, Mo.		c. CITY (If outside corporate limits, write RURAL and give township) St. Louis.	
c. LENGTH OF STAY (In this place) 3y, 1m, 21d		d. STREET ADDRESS (If rural, give location) 5800 Arsenal St.	
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) City Infirmary			

3. NAME OF DECEASED (Type or Print) George Graf.			4. DATE OF DEATH (Month) (Day) (Year) Dec. 27, 1950.		
5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED, (Specify) Sep.	8. DATE OF BIRTH Sept. 21, 1870		9. AGE (In years last birthday) 80
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) nil		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) Illinois	
12. CITIZEN OF WHAT COUNTRY?					

13a. FATHER'S NAME John Graf		13b. MOTHER'S MAIDEN NAME Unknown		14. NAME OF HUSBAND OR WIFE Unknown	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO.		17. INFORMANT'S SIGNATURE OR NAME City Infirmary Records, 5800 Arsenal St.	

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Hypertensive heart disease		ANTECEDENT CAUSES		1947 Plus	
*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.		Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.		1947 Plus.	
DUE TO (b) Generalized arteriosclerosis		DUE TO (c)			
II. OTHER SIGNIFICANT CONDITIONS		Conditions contributing to the death but not related to the disease or condition causing death.			

19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? 442X	

22. I hereby certify that I attended the deceased from **Nov. 6, 1947**, to **Dec. 27, 1950**, that I last saw the deceased alive on **Dec. 27, 1950**, and that death occurred at **7:50 a.m.**, from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) Palmer Eugene Porolich M.D.		23b. ADDRESS 5800 Arsenal St.		23c. DATE SIGNED Dec. 27, 50	
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24a. BURIAL, CREMATION, REMOVAL (Specify)		24b. DATE 6 JAN 9 1951		24c. NAME OF CEMETERY OR REPOSITORY Graceland Cemetery		24d. LOCATION (City, town, or county) (State)	
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DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE JAN 9 1951 J. B. Fessenden		25. FUNERAL DIRECTOR'S SIGNATURE Rowland Mortuary Service Inc.		ADDRESS St. Louis 10, Mo.	
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

CB

0791

VS
SEP 16 1960

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

Students of Mortuary College

working under my personal supervision.

Student Embalmer No.....

Signed

James A. Lawrence

Signed.....
Student Embalmer

Licensed Embalmer No. *4142*

P. O. Address *St Louis*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.