S. No. 300
v. 10.48

FILED JAN 13 1951

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

42299

State File No. 11149

BIRTH NO. _____ REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003 Registrar's No. _____

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

0

1. PLACE OF DEATH
a. COUNTY

b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): St. Louis
c. LENGTH OF STAY (in this place): 63 years

d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): De Paul Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Missouri
b. COUNTY:

c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): St. Louis 2079

d. STREET ADDRESS (If rural, give location): 5243 Thrush Ave. 0

3. NAME OF DECEASED (Type or Print)
a. (First): Nicholas
b. (Middle): J. W.
c. (Last): Grafeman

4. DATE OF DEATH (Month) (Day) (Year): Dec. 26 1950

5. SEX: Male 0
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married 1
8. DATE OF BIRTH: Nov. 11, 1887
9. AGE (In years last birthday): 63 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Ornamental Iron Worker
10b. KIND OF BUSINESS OR INDUSTRY: Usona Mfg. Co.
11. BIRTHPLACE (State or foreign country): St. Louis, Missouri 0
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13a. FATHER'S NAME: Theo. Grafeman
13b. MOTHER'S MAIDEN NAME: Mary H. Kersten
14. NAME OF HUSBAND OR WIFE: Caroline Grafeman

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No — (If yes, give war or dates of service): -----
16. SOCIAL SECURITY NO.: 488-05-2951
17. INFORMANT'S SIGNATURE OR NAME — ADDRESS: Mrs. N. Grafeman, 5243 Thrush Ave.

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Lobar Pneumonia — INTERVAL BETWEEN ONSET AND DEATH: 7 days

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b)
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: no
19b. MAJOR FINDINGS OF OPERATION: none
20. AUTOPSY? YES ☑ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify): no
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.): none
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE): none

21d. TIME OF INJURY (Month) (Day) (Year) (Hour): none m.
21e. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR? none H90X

22. *I hereby certify that I attended the deceased from* 2-6, 1950, *to* 12-26, 1950, *that I last saw the deceased alive on* 12-26, 1950, *and that death occurred at* 2:00 P m., *from the causes and on the date stated above.*

23a. SIGNATURE: M E Staehle (Degree or title) MEd
23b. ADDRESS: 7124 Natural Bridge
23c. DATE SIGNED: 12-27-50

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial 11
24b. DATE: Dec. 29 1950
24c. NAME OF CEMETERY OR CREMATORY: Zion Cemetery
24d. LOCATION (City, town, or county) (State): St. Louis, County Missouri

DATE REC'D BY LOCAL REG.: DEC 28 1950
REGISTRAR'S SIGNATURE: J. B. Larsten
25. FUNERAL DIRECTOR'S SIGNATURE — ADDRESS: BEIDERWIEDEN F.H. INC., 1936 St. Louis Ave.

(Licensed Embalmer's Statement on Reverse Side)

M. STAEHLE
7124 NATL BRIDGE
EV, 7117
6 TO 8

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 ——— Student Embalmer No. ———, working under my personal supervision.

Student ——— Student Embalmer

Signed Max L. Warfel

Licensed Embalmer No. 4170

P. O. Address 1936 St Louis Ave

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.