

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

44844

FILED JAN 26 1953

State File No.

BIRTH NO. _____ REG. DIST. NO. **318** PRIMARY REG. DIST. NO. **1003** Registrar's No. **12015**

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

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Mo. b. COUNTY	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis		c. LENGTH OF STAY (In this place) c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis 2149	
d. FULL NAME OF HOSPITAL OR INSTITUTION Jewish Hospital		d. STREET ADDRESS (If rural, give location) 4952 Fairview Ave.	
3. NAME OF DECEASED (Type or Print) a. (First) HERMAN b. (Middle) c. (Last) GRAF		4. DATE OF DEATH (Month) (Day) (Year) Dec. 28 1952	
5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH Sen. 23, 1883
9. AGE (In years last birthday) 69		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Plumbing Contractor (Retired)	11. BIRTHPLACE (City and State or Foreign Country) Butte, Montana
12. CITIZEN OF WHAT COUNTRY?		13. FATHER'S NAME Herman Graf	
13b. MOTHER'S MAIDEN NAME Unknown		14. NAME OF HUSBAND OR WIFE Emma Graf	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No		16. SOCIAL SECURITY NO.	
17. INFORMANT'S SIGNATURE OR NAME Emma Graf		ADDRESS 4952 Fairview 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, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Uremia ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Chronic nephritis DUE TO (c) Chronic Gouty arthritis II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Myelogenous Leukemia	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION	
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		INTERVAL BETWEEN ONSET AND DEATH 1 wk 3 yrs 10 yrs 3 yrs	
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? 288A	
22. I hereby certify that I attended the deceased from 10/26 , to Dec 28 , 19 52 that I last saw the deceased alive on Dec 28 , 19 52 , and that death occurred at 7:15 P m. , from the causes and on the date stated above.			
23a. SIGNATURE (Degree or title) Melvin B. Kuesten MD		23b. ADDRESS 607 N. Grand, St Louis Mo	
23c. DATE SIGNED 12-29-52		23d. NAME OF CEMETERY OR CREMATORY Oak Grove Mausoleum	
23e. LOCATION (City, town, or county) (State) St. Louis Co. Mo.		23f. DATE REC'D BY LOCAL REG. DEC 29 1952	
23g. REGISTRAR'S SIGNATURE J. Carl Smith MD		23h. FUNERAL DIRECTOR'S SIGNATURE Kriegshauser	
23i. ADDRESS 4228 S. Kingshighway Bl		23j. ADDRESS	

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 William B. White

Licensed Embalmer No. 4291

P. O. Address 4229 S. Kingshighway

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.