

FILED JUN 24 1954

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **20542**  
Registrar's No. **5199**

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. **318** PRIMARY REG. DIST. NO. **1003**

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <b>Missouri</b> b. COUNTY <b>2249</b>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>St. Louis</b> / <b>55 yrs</b>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>St. Louis</b> <b>0</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>3357a Nebraska</b>		d. STREET ADDRESS (If rural, give location) <b>27 3357a Nebraska</b>	

3. NAME OF DECEASED (Type or Print)	a. (First) <b>WILLIAM</b>	b. (Middle) <b>GEORGE</b>	c. (Last) <b>GRAUL</b>	4. DATE OF DEATH (Month) (Day) (Year) <b>June 10 1954</b>
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5. SEX <b>Male 0</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>married /</b>	8. DATE OF BIRTH <b>March 16, 1876</b>	9. AGE (In years last birthday) <b>78 yrs</b>	IF UNDER 1 YEAR Months	IF UNDER 12 HRS. Hours	IF UNDER 1 MIN. Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Retired Druggist</b>	10b. KIND OF BUSINESS OR INDUSTRY <b>Retail Drug Store</b>	11. BIRTHPLACE (State or foreign country) <b>Burton, Texas /</b>	12. CITIZEN OF WHAT COUNTRY? <b>USA</b>
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13a. FATHER'S NAME <b>Dr. Jacob Graul</b>	13b. MOTHER'S MAIDEN NAME <b>Wilhelmina Stark</b>	14. NAME OF HUSBAND OR WIFE <b>Emma C.Boehrer.Graul</b>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or date of service)	16. SOCIAL SECURITY NO. <b>-</b>	17. INFORMANT'S SIGNATURE OR NAME <b>Mrs. E. Graul, 3357a Nebraska</b>	ADDRESS
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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		INTERVAL BETWEEN ONSET AND DEATH
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>BRONCHOPNEUMONIA BILAT</b>		<b>48 HOURS</b>
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <b>ARTHRITIS DeFORMANS RHEUMATOID SEVERE</b>		<b>25 YRS</b>
DUE TO (c) <b>HEMIPLEGIA RT RESIDUAL</b>		<b>3 YRS</b>	
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <b>CHOLECYSTITIS + CHOLELITHIASIS CHR</b>		<b>5 YRS</b>	

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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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)
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR? <b>7230</b>
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22. I hereby certify that I attended the deceased from **June 11, 1954**, to **June 10, 1954**, that I last saw the deceased alive on **June 10, 1954**, and that death occurred at **6:25A** m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <b>Chas. E. Graul M.D.</b>	23b. ADDRESS <b>2838 S. Grand, St. Louis, Mo.</b>	23c. DATE SIGNED <b>6/10/54</b>
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24a. BURIAL, CREMATION, OR REMOVAL (Specify) <b>Removal</b>	24b. DATE <b>6-12-54</b>	24c. NAME OF CEMETERY OR CREMATORY <b>Our Redeemer Cemetery</b>	24d. LOCATION (City, town, or county) (State) <b>St. Louis County, Mo.</b>
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DATE REC'D BY LOCAL REG. <b>JUN 11 1954</b>	REGISTRAR'S SIGNATURE <b>Carl Smith M.D.</b>	25. FUNERAL DIRECTOR'S SIGNATURE <b>Beiderwieden F.H. Inc., 1936 St. Louis Ave.</b>	ADDRESS
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(Licensed Embalmer's Statement on Reverse Side)

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

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. None

working under my personal supervision.

Student None  
Student Embalmer

Signed Delis J. Krupic

Licensed Embalmer No. 3497

P. O. Address St. Louis

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.