

**MISSOURI STATE BOARD OF HEALTH  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF DEATH**

Do not use this space.

11687

**1. PLACE OF DEATH**

County.....

Registration District No. 791

Township.....

Primary Registration District No. 7903

City St. Louis (No. City Hospital)

File No. ....

Registered No. 3034

St. .... Ward)

**2. FULL NAME**

(a) Residence. No. 2156 California 34 Ward.

(Usual place of abode)

(If nonresident give city or town and State)

Length of residence in city or town where death occurred 48 yrs. mos. da. How long in U.S., if of foreign birth? yrs. mos. da.

**PERSONAL AND STATISTICAL PARTICULARS**

3. SEX male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) Divorced

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (or) WIFE OF

6. DATE OF BIRTH (MONTH, DAY AND YEAR) April 21 - 1879

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, or min. 48 11 7

8. OCCUPATION OF DECEASED (a) Trade, profession, or particular kind of work Laborer (b) General nature of industry, business, or establishment in which employed (or employer) (c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) St. Louis (STATE OR COUNTRY)

10. NAME OF FATHER Herman Graber

11. BIRTHPLACE OF FATHER (CITY OR TOWN) St. Louis (STATE OR COUNTRY)

12. MAIDEN NAME OF MOTHER Berlene Landher

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) St. Louis (STATE OR COUNTRY)

14. INFORMANT (Address) City Hospital

15. FILED P 30 1929 Miss C. Stuber REGISTRAR

**2. MEDICAL CERTIFICATE OF DEATH**

16. DATE OF DEATH (MONTH, DAY AND YEAR) March 28 1928

17. I HEREBY CERTIFY That I attended deceased from March 7 1928 to March 28 1928 that I last saw beat alive on March 24 1928, and that death occurred, on the date stated above, at 5:50 a.m.

THE CAUSE OF DEATH\* WAS AS FOLLOWS:

Acute Tuberculous Lungs  
23A Broncho-pneumonia  
107A (duration) yrs. mos. da.

CONTRIBUTORY (SECONDARY) 31 (duration) yrs. mos. da.

18. WHERE WAS DISEASE CONTRACTED IF NOT AT PLACE OF DEATH

8 DID AN OPERATION PRECEDE DEATH DATE OF

WAS THERE AN AUTOPSY?

WHAT TEST CONFIRMED DIAGNOSIS?

(Signed) Robert H. Suddern, M. D. City Hospital

\*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL St Peter Paul DATE OF BURIAL Mar 31 1928

20. UNDERTAKER Wacker Helderle ADDRESS 2331 S B Hwy

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

PERMANENT RECORD

Labels