

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

Do not use this space.

1. PLACE OF DEATH

County.....
 Township.....
 City.....
 Registration District No. 701
 Primary Registration District No. 1008
 File No. 28998
 Registered No. 8504
 St. Ward)

2. FULL NAME

Emil C.F. Graulich Jr
 (a) Residence. No. 4704 Plowman St., 7 Ward.
 (Usual place of abode) (If nonresident give city or town and State)
 Length of residence in city or town where death occurred — 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) Single
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF _____
 6. DATE OF BIRTH (MONTH, DAY AND YEAR) Jan 5 1909
 7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
19 7 14
 8. OCCUPATION OF DECEASED
 (a) Trade, profession, or particular kind of work Cement Worker
 (b) General nature of industry, business, or establishment in which employed (or employer) McPortland
 (c) Name of employer Concrete Co.

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

PARENTS
 10. NAME OF FATHER Emil C.F. Graulich Jr
 11. BIRTHPLACE OF FATHER (CITY OR TOWN) St Louis Mo
 (STATE OR COUNTRY)
 12. MAIDEN NAME OF MOTHER Catherine Heles
 13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Iowa
 (STATE OR COUNTRY)

14. INFORMANT Emil C.F. Graulich Jr
 (Address) 4704 Plowman

15. FILED 22 1928
Max C. Starkley
 REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Aug 19 1928
 17. I HEREBY CERTIFY, That I attended deceased from 19..... to 19..... that I last saw h..... alive on..... 19....., and that death occurred, on the date stated above, at..... 10:45 P. m.

THE CAUSE OF DEATH WAS AS FOLLOWS:
Hemorrhage of Brain
Stroke with fist
 CONTRIBUTORY (SECONDARY) Homicide
 (duration)..... yrs. mos. da.

18. WHERE WAS DISEASE CONTRACTED
 IF NOT AT PLACE OF DEATH.....
1909

DID AN OPERATION PRECEED DEATH..... DATE OF.....
 WAS THERE AN AUTOPSY.....

WHAT TEST CONFIRMED DIAGNOSIS.....
 (Signed) Wm Dwyer
5/21, 1928 (Address) Grp Avenue

*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 Calvary Cemetery DATE OF BURIAL Aug 23 1928

20. UNDERTAKER Kreighausen Und Co ADDRESS 4704 Manchester

WRITE PAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD

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.

