

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

Do not use this space.

8326

**1. PLACE OF DEATH**

County..... Registration District No. 791  
 Township..... Primary Registration District No. 100  
 City St. Louis (No. Albermar Bros. Hosp.) St. \_\_\_\_\_ Ward \_\_\_\_\_  
 Registered No. 1978

**2. FULL NAME**

(a) Residence. No. 4056 California St. 15 Ward. \_\_\_\_\_  
 (Usual place of abode)

Length of residence in city or town where death occurred 60 yrs. - mos. - ds. How long in U.S., if of foreign birth? 60 yrs. - mos. - ds.

**PERSONAL AND STATISTICAL PARTICULARS**

**MEDICAL CERTIFICATE OF DEATH**

3. SEX <u>Male</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) <u>Widower</u>
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16. DATE OF DEATH (MONTH, DAY AND YEAR) Feb 9 19 29

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

17. I HEREBY CERTIFY That I attended deceased from Jan 4, 1929, to Feb 9, 1929, that I last saw him alive on Feb 9, 1929, and that death occurred, on the date stated above, at 5:00 P.M.

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Aug 10 1843

THE CAUSE OF DEATH WAS AS FOLLOWS:

7. AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day, _____ hrs. or _____ min.
	<u>85</u>	<u>5</u>	<u>29</u>	

Chs Myocarditis  
930

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

CONTRIBUTORY (SECONDARY) \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

9. BIRTHPLACE (CITY OR TOWN) Germany  
 (STATE OR COUNTRY)

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

10. NAME OF FATHER Karzel Graf Sr.

DID AN OPERATION PRECEDE DEATH?..... DATE OF.....

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

WAS THERE AN AUTOPSY?.....

12. MAIDEN NAME OF MOTHER Unknown

WHAT TEST CONFIRMED DIAGNOSIS?.....

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

(Signed) Alvin Witt, M. D.

, 19 (Address) 3801 So. Bldg.

14. INFORMANT Frank Graf  
 (Address) 4056 California

19. PLACE OF BURIAL, CREMATION, OR REMOVAL S.S. Peter & Paul.

DATE OF BURIAL 2-12 19 29

15. FILED 11 1929 Max C. Stanley  
 REGISTRAR

20. UNDERTAKER M. Schuman achs.

ADDRESS 9013  
Missouri

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.

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