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

Do not use this space.

16499

F 4597

1. PLACE OF DEATH

County..... Registration District No. 791

Township..... Primary Registration District No. 1003

City St. Louis (No. 5414, Delmar Blvd. St. ..... Ward)

File No. ..... Registered No. .....

2. FULL NAME Chas. Van Graafeiland

(a) Residence. No. 5414 Delmar Av. St., ... 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. ..... ds. How long in U.S., if of foreign birth? ..... yrs. ..... mos. ..... ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word)
Male	white	married

5a. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF ~~(or) WIFE OF~~ Elizabeth Van Graafeiland

6. DATE OF BIRTH (MONTH, DAY AND YEAR) 11-22-1847

7. AGE YEARS	MONTHS	DAYS	If LESS than 1 day, ... hrs. or ..... min.
81	4	22	

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

9. BIRTHPLACE (CITY OR TOWN) Rochester
(STATE OR COUNTRY) N. Y.

PARENTS

10. NAME OF FATHER Simon

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

12. MAIDEN NAME OF MOTHER Do not know

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

14. INFORMANT Wm Hardwig
(Address) 5414 Delmar

15. FILED APR 20 1929 Mat C Starkey REGISTRAR

2 MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) April 19 1929

17. I HEREBY CERTIFY, That I attended deceased from March 1, 1929, to April 19, 1929 that I last saw him alive on April 19, 1929, and that death occurred, on the date stated above, at 8.15 a.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Angina Pectoris
144
97 (duration) ..... yrs. 1 mos. 19 ds.

CONTRIBUTORY (SECONDARY) Arteriosclerosis
(duration) ..... yrs. 1 mos. 19 ds.

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

Did an operation precede death? no. DATE OF.....

WAS THERE AN AUTOPSY? no

WHAT TEST CONFIRMED DIAGNOSIS? Clinical & Laboratory

(Signed) D M Gibson M. D

4/19, 1929 (Address) 4337 Washington Bl

*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	DATE OF BURIAL
Valhalla Crematory	4-22 1929
20. UNDERTAKER	**ADDRESS**
Tobey Heier	2223 S. Grand