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

Do not use this space.

31826

OCT 24 1929

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.

1. PLACE OF DEATH
County: St Louis — Registration District No.: 789
Township: Central — Primary Registration District No.: 6033B
City: (No. Clayton Route #2 St. Ward)

File No.:
Registered No.: 279

2. FULL NAME: Edmond E Graeler
(a) Residence. No. Link Rd near Olivr 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: Male
4. COLOR OR RACE: White
5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word): Married

5a. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: Amanda Graeler

6. DATE OF BIRTH (MONTH, DAY AND YEAR): Jan 19 1890

7. AGE: Years 39 | Months 7 | Days 20 | If LESS than 1 day, ... hrs. or ..... min.

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

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

PARENTS
10. NAME OF FATHER: Wm. Graeler
11. BIRTHPLACE OF FATHER (CITY OR TOWN): St Louis Co
(STATE OR COUNTRY): Mo.
12. MAIDEN NAME OF MOTHER: Anna Helmkand
13. BIRTHPLACE OF MOTHER (CITY OR TOWN):
(STATE OR COUNTRY): Mo

14. INFORMANT: Mrs A. Graeler
(Address): Link Rd.

15. FILED: 9/10, 1929 Rolla Bracy M.D. REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR): Sept. 8 1929

17. I HEREBY CERTIFY, That I attended deceased from 8-20, 1924, to 9-8, 1929, that I last saw h. alive on 9-8, 1929, and that death occurred, on the date stated above, at 7 P m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Typhoid fever
1
T & B
(duration) yrs. mos. 42 ds.

CONTRIBUTORY (SECONDARY): Myocarditis
(duration) yrs. mos. 10 ds.

18. WHERE WAS DISEASE CONTRACTED (IF NOT AT PLACE OF DEATH): Same
DID AN OPERATION PRECEDE DEATH? No DATE OF:
WAS THERE AN AUTOPSY? No
WHAT TEST CONFIRMED DIAGNOSIS? Widal & Thymol Turbidity
(Signed) Geo A Lubsen M.D., M.D.
9-9, 1929 (Address) 7303a Natural Bridge Rd

*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 Paul — DATE OF BURIAL: Sept 11 1929

20. UNDERTAKER: Wm H Paschedag. — ADDRESS: 2825 No Grand. Pl