WRITE PLAINLY, 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.

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

Do not use this space.

File No. 35906

Registered No. 10423

1. PLACE OF DEATH

County ..... Registration District No. 791 1008

Township ..... Primary Registration District No. ..... (Ward)

City St Louis (No. Barnes Hospital St. ..... Ward)

2. FULL NAME Otis Herman Graf

(a) Residence, No. 18 Elizabeth St., 120 Ward. Ferguson Mo.
(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 Helene

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) July 25, 1902

7. AGE YEARS	MONTHS	DAYS	If LESS than 1 day, ...hrs. or ....min.
29	2	15	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Real Estate

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year) 11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ferguson Mo.

FATHER

13. NAME Charles F Graf

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Missouri

MOTHER

15. MAIDEN NAME Anna D Westerman

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Missouri

17. INFORMANT Helene F. Graf
(ADDRESS) 43 Beacon Ferguson Mo.

18. BURIAL, CREMATION, OR REMOVAL
PLACE Memorial Park DATE Oct 13, 1931

19. UNDERTAKER Aslin L + Co.
(ADDRESS) 2707 Washington

20. FILED OCT 12 1931 Chas C Nelson Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Oct - 10 - 1931

22. I HEREBY CERTIFY, That I attended deceased from 10-2, 1931, to 10-10, 1931

I last saw him alive on 10-10, 1931 Death is said to have occurred on the date stated above, at 6:25 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pulmonary Tuberculosis	
23A	

23

Other contributory causes of importance: Bronchial Pneumonia

Name of operation none Date of 10/6/31

What test confirmed diagnosis? X-ray Was there an autopsy? yes

23. If death was due to external causes (violence), fill in also the following:

Accident, suicide, or homicide? none Date of injury ....., 19....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? no

If so, specify .....

(Signed) A. Conway, M. D.

(Address) Barnes Hosp.