

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

Do not use this space  
**27953**

**1. PLACE OF DEATH**

County ..... Registration District No. **791**  
 Township ..... Primary Registration District No. **1003**  
 City **St. Louis** (No. **4545**, **North Market St.** St. .... Ward) **7008**

**2. FULL NAME**

(a) Residence, No. **4545 North Market St.** St. **MI** Ward. ....  
 (Usual place of abode)  
 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. (If nonresident, give city or town and State)

**PERSONAL AND STATISTICAL PARTICULARS**

3. SEX <i>Male</i>	4. COLOR OR RACE <i>White</i>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <i>Married</i>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <i>Louise T. Graf (Koch)</i>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <i>Jan. 18, 1863</i>		
7. AGE	YEARS <i>71</i>	MONTHS <i>6</i>
	DAYS <i>25</i>	If LESS than 1 day, ..... hrs. or ..... min.
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <i>Artist</i>	
	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) <i>Paris France</i>		
FATHER	13. NAME <i>Henry Graf</i>	
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <i>St. Louis, Mo.</i>	
MOTHER	15. MAIDEN NAME <i>Not known</i>	
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <i>France</i>	
17. INFORMANT (ADDRESS) <i>Mrs. Louise T. Graf 4545 North Market Street</i>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <i>St. Peter's</i> DATE <i>Aug. 14, 1933</i>		
19. UNDERTAKER (ADDRESS) <i>Walter Hermann Co. Inc. 1161 East Fair Lane</i>		
20. FILED <i>AUG 17, 1933</i> Registrar <i>J. F. Bredbeck</i>		

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) *Aug. 12, 1933*

22. I HEREBY CERTIFY, That I attended deceased from *Aug 9, 1933* to *Aug 12, 1933*

I last saw him alive on *Aug 12, 1933* Death is said to have occurred on the date stated above, at *7:01 a.m.*

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

*Coroner of St. Louis*  
*930*  
*930*  
*Chrom. Myocardium*  
*8/11/33*

Date of onset

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence), fill in also the following:  
 Accident, suicide, or homicide? ..... 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 *no*  
 (Signed) *West Brown*, M. D.  
 (Address) *402 West 121st*

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.

SEP 26 1933

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