

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

32671
 Do not use this space.

1. PLACE OF DEATH

(a) County Registration District No. 791
 (b) Township St. Louis Primary Registration District No. 1000 Registered No. 8725
 (c) City (d) Street No. City Hospital No. 1 St. City Hospital No. 1
 (If death occurred in Hospital or Institution, write its name instead of street and number)
 (e) Length of residence in city or town where death occurred 61 yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME

C. 4682 Otto Graf
 (a) Residence, No. 218 E. Marceau St. 1
 (Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX male 4. COLOR OR RACE white 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED widowed
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Annie
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) June 5, 1876
 7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
61 3 12
 OCCUPATION
 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. trucker
 9. Industry or business in which work was done, as saw mill, bank, etc. Lowell Bleachery
 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) St. Louis, Missouri

FATHER
 13. NAME Gregory Graf

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

MOTHER
 15. MAIDEN NAME Henrietta

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

17. INFORMANT (ADDRESS) Hosp. Info M. Kent
City Hospital # 1

18. BURIAL, CREMATION, OR REMOVAL PLACE Parklawn Cem. DATE Sept. 20, 1937

19. FUNERAL DIRECTOR (ADDRESS) C. Hoffmeister U. & L. Co.
7814 S. Broadway

20. FILE SEP 18 1937 J. Bredeck
 Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 9/17/37, 1937

22. I HEREBY CERTIFY, That I attended deceased from 7/7/37, 1937, to 9/17/37, 1937.
 I last saw him alive on 9/17/37, 1937. Death is said to have occurred on the date stated above, 3 9 m.
 The principal cause of death and related causes of importance were as follows:

Pulmonary Tuberculosis Date of onset
3
 Other contributory causes of importance:
Coronary Thrombosis
Arteriosclerosis

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 1937
 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? 1
 If so, specify Wm. H. Jacobson
 (Signed) City Hospital No. 1, M. D.
 (Address)

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.

OCT 14 1937

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STATEMENT BY LICENSED EMBALMER

I, George W. Hoffmeister, Licensed Embalmer No. 2426

hereby certify that the body recorded on the reverse side of this certificate was embalmed by Leo. J. Budde #3989

L. E.

No. _____ or by _____
working under my personal supervision.

Registered Apprentice No. _____

Signed George W. Hoffmeister

Licensed Embalmer No. _____

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)