

OCT 26 1937

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

Do not use this space.

1. PLACE OF DEATH

County St. LouisRegistration District No. 790Township ClaytonPrimary Registration District No. 60339City Clayton(No. Creve Coeur Route No. 1)File No. 35275Registered No. 307

St. _____ Ward)

2. FULL NAME Anna Margareta Graeler(a) Residence, No. Route No. 2 Clayton, Mo. 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

Female

4. COLOR OR RACE

White

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)

Widowed

5A. IF MARRIED, WIDOWED, OR DIVORCED

HUSBAND OF
(OR) WIFE OFWm. A. Graeler

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

Jan. 11, 1859

7. AGE

YEARS

78

MONTHS

7

DAYS

22If LESS than 1
day, hrs.
or min.8. Trade, profession, or particular
kind of work done, as spinner,
sawyer, bookkeeper, etc.Housework9. 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)Creve Coeur, Mo.

13. NAME

G. F. Helmkamp14. BIRTHPLACE (CITY OR TOWN)
(STATE OR COUNTRY)Germany

15. MAIDEN NAME

Anna Schroeder16. BIRTHPLACE (CITY OR TOWN)
(STATE OR COUNTRY)Germany17. INFORMANT
(ADDRESS)Henry Niedringhaus
Creve Coeur Route No. 1

18. BURIAL, CREMATION, OR REMOVAL

PLACE St. Paul Cem. DATE Sept. 6, 1937.19. UNDERTAKER
(ADDRESS)Wm. F. Paschedag
2825 N. Grand Blvd.

20. FILED

9/4 1937 Dr. A. J. Signoralli
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Sept. 3, 1937.¹⁹

22. I HEREBY CERTIFY, That I attended deceased from

Oct, 1936, to 9-3, 1937I last saw him alive on 9/3, 1937 Death is saidto have occurred on the date stated above, at 3:15 P.m.

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

Acute Dysentery Date of onset 4 days

Other contributory causes of importance:

Injury of acid

Name of operation _____ Date of _____

What test confirmed diagnosis? _____ Was there an autopsy? no

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

Accident, suicide, or homicide? no 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) H. L. Meader, M. D.(Address) 250 Central Ave
Clayton, Mo.

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.

OCCUPATION
FATHER
MOTHER

