

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

FEB 12 1938

1101  
Do not use this space.

1. PLACE OF DEATH

(a) County ..... Registration District No. **791**  
(b) Township ..... Primary Registration District No. **1003**  
(c) City **St. Louis** (d) Street No. **De Paul Hospital** Registered No. **957**  
(e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.  
(If death occurred in Hospital or Institution, write its name instead of street and number)

2. PRINT FULL NAME

**Sophie A. Graichen, 625**  
(a) Residence, No. **5734 Pamplin Place** St. **7**  
(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 **Female** 4. COLOR OR RACE **White** 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) **Widow**

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF **Oscar A. Graichen**

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) **Sept. 3, 1860**

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.  
**77 4 20**

OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. **At Home**  
9. Industry or business in which work was done, as 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) **Germany**

FATHER 13. NAME **Not Known**

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

MOTHER 15. MAIDEN NAME **Not Known**

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

17. INFORMANT (ADDRESS) **Edwin G. Graichen 5734 Pamplin Ave**

18. BURIAL, CREMATION, OR REMOVAL PLACE **St. Matthews** DATE **Jan. 27, 1938**

19. FUNERAL DIRECTOR (ADDRESS) **Math. Hermann & Son 2161 East Fair Avenue**

20. FILED **JAN 26 1938** **J. Bredeek** Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) **Jan. 23, 1938**

22. I HEREBY CERTIFY, That I attended deceased from **Jan 22** 1938, to **Jan 23** 1938.  
I last saw him alive on **Jan 23** 1938. Death is said to have occurred on the date stated above, at **7:00 P. M.**  
The principal cause of death and related causes of importance were as follows:

*Heart failure (it caused by atherosclerosis of the coronary arteries) no pneumonia*  
Date of onset

Other contributory causes of importance: **Small atherosclerosis**

Name of operation **Lab** Date of operation **99a**  
What test confirmed diagnosis? **Lab** Was there an autopsy? **yes**

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?  
If so, specify **Arterio Sclerosis**, M. D.  
(Signed) \_\_\_\_\_ (Address) **2161 East Fair Avenue**

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.

STATEMENT BY LICENSED EMBALMER

I, Edward Hamilton, Licensed Embalmer No. 2967

hereby certify that the body recorded on the reverse side of this certificate was embalmed by ME

L. E.

No. \_\_\_\_\_ or by \_\_\_\_\_, Registered Apprentice No. \_\_\_\_\_

working under my personal supervision.

Signed

Edward Hamilton

Licensed Embalmer No. 2967

**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.)**