OV 6 - 1938 DEC 8 1938

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

40354
Do not use this space.

1. PLACE OF DEATH
(a) County St. Louis 3 Registration District No. 784
(b) Township Pine Lawn 1 Primary Registration District No. 200 Registered No. 1808
(c) City St. Pine Lawn (d) Street No. Mother o Good Council Home St.
(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 yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME Augusta Graf.
(a) Residence, No. 3813 Indiana Av. St.
(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: Julius Graf.
6. DATE OF BIRTH (MONTH, DAY, AND YEAR): Aug. 3, 1859
7. AGE: YEARS 79 MONTHS 23 DAYS 2 If LESS than 1 day, ...hrs. or ....min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc.
9. Industry or business in which work was done, as saw mill, bank, etc. at home
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 Mo. 0

FATHER
13. NAME: Martin Echrich
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Germany 1

MOTHER
15. MAIDEN NAME: Mary Koch
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Germany 1

17. INFORMANT (ADDRESS): Augusta Ashner 3813 Indiana.
18. BURIAL, CREMATION, OR REMOVAL PLACE: N. S. Peter & Paul DATE 11-8 1938
19. FUNERAL DIRECTOR (ADDRESS): Witt Bros L & Wlo. 2929 S. Jefferson Av.
20. FILED NOV 6 - 1938 T. R. Meyer M. D. D. P. Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): Nov. 5, 1938
22. I HEREBY CERTIFY, That I attended deceased from 8/31/38, 19.... to 11/5/38, 19....
I last saw her alive on 11/5/38, 19.... Death is said to have occurred on the date stated above, at 1 15/9 m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Senility Dementia	?
Obese - Myocarditis	?

92a

Other contributory causes of importance:
Mitral insufficiency decompensated. Aug.
Uremia- Uremic coma. Oct.
Fracture left hip old 6 yrs. ago.
Died in the Home of Incurables.
History, clinical and Lab.
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? -- 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) Dr. Luke B. Tinnon M. D.
(Address) 3718 Jennings Ed.

(Licensed Embalmer's Statement on Reverse Side)

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, Paul A. Shaulklin, Licensed Embalmer No. 3472

hereby certify that the body recorded on the reverse side of this certificate was embalmed by Paul A. Shaulklin

L. E.

No. 3472 or by, Registered Apprentice No.

working under my personal supervision.

Signed Paul A. Shaulklin

Licensed Embalmer No. 3472.

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