

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

36304

State File No. _____

Registration District No. _____

Primary Registration District No. 101

Registrar's No. 2053

1. PLACE OF DEATH:

(a) County St. Louis
(b) City or town Clayton
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: St. Louis County Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 1 day
In this community 1 1/2 years
(Specify whether years, months or days)

3. (a) PRINT FULL NAME

Harriet Graulich

3. (b) If veteran, name war ?

3. (c) Social Security No. ?

4. Sex female

5. Color or race white

6. (a) Single, widowed, married, divorced married

6. (b) Name of husband or wife Oliver Graulich

6. (c) Age of husband or wife if alive 44 years

7. Birth date of deceased Sept. 12
(Month) (Day) (Year)

1902
(Year)

8. AGE:

Years

Months

Days

If less than one day

38

1

18

hr. min.

9. Birthplace

St. Louis

(City, town, or county)

Mo.

(State or foreign country)

10. Usual occupation

housewife

11. Industry or business

12. Name

Stephen Grzeskowiak

13. Birthplace

Unknown

Poland

(City, town, or county)

(State or foreign country)

14. Maiden name

Harriet Wienick

15. Birthplace

Unknown

Poland

(City, town, or county)

(State or foreign country)

16. (a) Informant

Oliver Graulich

(b) Address

3415 Midway Overland mo

17. (a)

Burial

(b) Date thereof

11-2-40

(Burial, cremation, or removal)

(Month) (Day) (Year)

(c) Place: burial or cremation

Calvary Cemetery

18. (a) Signature of funeral director

Bennett Brothers

(b) Address

1504 Wardway Overland mo

19. (a)

NOV 1 1940

(b) R. Meyer

(Data received local registrar)

(Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County St. Louis
(c) City or town Overland
(If outside city or town limits, write "RURAL")
(d) Street No. 3415 Midway
(If rural, give location)
(e) If foreign born, how long in U. S. A. ? _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct. day 30
year 1940 hour 6 minute :00 P. M.

21. I hereby certify that I attended the deceased from 10-29-40
_____, 19____, to 10-30-40, 19____;
that I last saw her alive on 10-30-40, 19____;
and that death occurred on the date and hour stated above.

Immediate cause of death

Chronic Pancreatitis

Duration

1 yr.

Due to

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings:

Of operations

Of autopsy

Chronic pancreatitis

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) _____
(b) Date of occurrence _____
(c) Where did injury occur? _____
(City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? _____

While at work?

(Specify type of place)

(e) Means of injury

23. Signature B. H. Strehlman (M. D. or other) _____

Address Co. Imp Date signed _____

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

FILED NOV 25 1940
84

SEP 8 1944

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....

....., Registered Apprentice No.....
working under my personal supervision.

Signed.....

Earl F. Hillman

Licensed Embalmer No. *3501*

P. O. Address. *Greeland, Missouri*

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.)

If this body is not embalmed, fact should be so stated above.