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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

JAN 15 1941

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 40381

Registration District No. 7911 Primary Registration District No. 1003 Registrar's No. 10152

1. PLACE OF DEATH:

(a) County

(b) City or town St. Louis (If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: Christian Hospital (If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution (Specify whether

In this community 1 Day years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County

(c) City or town St. Louis (If outside city or town limits, write "RURAL")

(d) Street No. 4826 Carter Ave. (If rural, give location)

(e) If foreign born, how long in U. S. A.? 50 Years years.

3. (a) PRINT FULL NAME Henry B. Graman

3. (b) If veteran, name war No

3. (c) Social Security No. 488-05-9819

4. Sex Male

5. Color or race White

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

6. (b) Name of husband or wife Theresia (Muser) Graman

6. (c) Age of husband or wife if alive 65 years

7. Birth date of deceased March 20, 1874 (Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
66	8	19	hr. min.

9. Birthplace Germany (City, town, or county) (State or foreign country)

10. Usual occupation

11. Industry or business Marble Finisher

FATHER
12. Name Bernard Graman
13. Birthplace Germany (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Elizabeth Wanstrath
15. Birthplace Germany (City, town, or county) (State or foreign country)

16. (a) Informant Joseph Graman

(b) Address 4826 Carter Ave.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Dec. 12, '40 (Month) (Day) (Year)

(c) Place: burial or cremation Sts. Peter and Paul

18. (a) Signature of funeral director Bromschwig Und Co

(b) Address 4746 W. Florissant Ave.

19. (a) DEC 10 1940 (Date received local registrar) J. H. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec day 9 year 40 hour 2:30 AM minute M.

21. I hereby certify that I attended the deceased from Dec 5, 1940, to Dec 9, 1940 that I last saw him alive on Dec 8, 1940. and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Acute Dilatation Rt side of heart	3-4 days
Due to Coronary Disease	
Due to	
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations —	
Of autopsy —	

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, or farm, in industrial place, in public place? (Specify type of place)

While at work? (e) Means of injury

23. Signature [signature] (M.D. or other)

Address 4126 Shreve Date signed 12-10-40

(Licensed Embalmer's Statement on Reverse Side)

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 Gary W Wilkinson

Licensed Embalmer No. 3575

P. O. Address .....

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

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