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10-39

Registration District No. 875

Primary Registration District No. 6162

Registrar's No. 308

1. PLACE OF DEATH

(a) County Nevada
(b) City or town Nevada
(c) Name of hospital or institution: State Hosp # 3
(d) Length of stay: In hospital or institution 7 months 20 days
In this community Same

8. (a) PRINT FULL NAME Magdalena Graf

3. (b) If veteran, name war _____ 3. (c) Social Security No. None

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced Widow

6. (b) Name of husband or wife Leonard Graf 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased July 15 1867

8. AGE: Years 76 Months 6 Days 5 If less than one day _____ hr. _____ min.

9. Birthplace Germany

10. Usual occupation Housewife

11. Industry or business _____

12. Name Conrad Lark

13. Birthplace Germany

14. Maiden name Magdalena Christina

15. Birthplace Germany

16. (a) Informant Wm. H. Reed

(b) Address Nevada Mo

17. (a) Burial (b) Date thereof 12/23/40

(c) Place: burial or cremation St. Louis Mo

18. (a) Signature of funeral director Edw. J. Cramer

(b) Address Nevada Mo

19. (a) Dec 21 '40 (b) Allen J. Seay

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County St. Louis Co
(c) City or town St. Louis Mo
(d) Street No. 1910 A. Cherokee
(e) If foreign born, how long in U. S. A.? 58 yrs

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec. day 20
year 1940 hour 5 minute 50 P M.

21. I hereby certify that I attended the deceased from Aug 30
1940, to Dec 20, 1940
that I last saw h er alive on Dec 20, 1940
and that death occurred on the date and hour stated above.

Immediate cause of death Hypostatic pneumonia

Due to Ch. myocarditis

Due to Diabetes Mellitus

Other conditions 59
(Include pregnancy within 3 months of death)

Major findings:
Of operations _____

Of autopsy _____

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? _____
(d) Did injury occur in or about home, on farm, in industrial place, in public place? _____

23. Signature Edw. J. Cramer (M. D. or other) _____
Address Nevada Mo Date signed 12/21/40

Duration _____
PHYSICIAN _____
Underline the cause to which death should be charged statistically.

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

RECEIVED

District Health Officer No. 7,

District File Number 1-41-118

Date Filed 1-13-41

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, ~~and by~~

_____, Registered Apprentice No. _____

working under my personal supervision.

Signed

W. E. Ferry

Licensed Embalmer No. 1432

P. O. Address

Nevada Mo

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, above space should be left blank.