

FILED MAY 13 1941

Registration District No. **791**

Primary Registration District No. **1003**

Registrar's No. **3718**

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:
DePaul Hospital **0**
 (If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution **7 days**
 (Specify whether **Birth**)
 In this community _____
 years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County **000**
 (c) City or town **St. Louis** **117**
 (If outside city or town limits, write "RURAL")
 (d) Street No. **5808 Garasche Ave**
 (If rural, give location)
 (e) Citizen of foreign country? **No** (Yes or No)
 If yes, name country _____

3. (a) PRINT FULL NAME **Caroline J. Graflage**

3. (b) If veteran, name war **None** 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 **Bernard F. Graflage** 6. (c) Age of husband or wife if alive **Deceased**

7. Birth date of deceased **January 23, 1885**
 (Month) (Day) (Year)

8. AGE: Years **56** Months **3** Days **4** If less than one day _____ hr. _____ min.

9. Birthplace **St. Louis Missouri**
 (City, town, or county) (State or foreign country)

10. Usual occupation **At home**

11. Industry or business _____

12. Name **Henry Roos**

13. Birthplace **St. Louis Missouri**
 (City, town, or county) (State or foreign country)

14. Maiden name **Anna Lehmann**

15. Birthplace **Illinois**
 (City, town, or county) (State or foreign country)

16. (a) Informant **Francis B. Graflage**

(b) Address **5808 Garasche Ave**

17. (a) **Burial** (b) Date thereof **5/1/41**
 (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Calvary Cemetery**

18. (a) Signature of funeral director **Math Hermann & Son**

(b) Address **2161 East Fair Ave**

19. (a) **APP 30 1941** (b) **J. F. Fredrick**
 (Date of local Registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **April** day **27th**
 year **1941** hour **7:15 PM** minute _____ M.

21. I hereby certify that I attended the deceased from **April 27**
1941, to **April 27**, 19**41**;
 that I last saw him alive on **April 27**, 19**41**;
 and that death occurred on the date and hour stated above.

Immediate cause of death _____ **Duration**

Pulmonary Thrombosis
Blood clot on 15th day following Abdominal Hysterectomy

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

Major findings: **Protoplast of Uterus** **PHYSICIAN**
 Of operations _____ Underline the cause to which death should be charged statistically.
 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? _____ (City or town) (County) (State)
 (d) Did injury occur in or about home, on farm, in industrial place, in public place?
 _____ (Specify type of place)
 While at work? _____ (e) Means of injury **0**

23. Signature **J. F. Fredrick** (M. D. or other) _____
 Address **2161 East Fair Ave** Date signed **4/30/41**

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

MOTHER FATHER

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 *William G. Buchho*

Licensed Embalmer No. *2110*

P. O. Address *St. Louis, 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, fact should be so stated above.