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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. **33712**
8670
Registrar's No.

FILLED NOV 24 1941 791
Registration District No.

Primary Registration District No. **1003**

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:
4558 Red Bud Ave
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution. **None**
(Specify whether
In this community **64 Years**
years, months or days)

3. (a) PRINT FULL NAME **Lena Graf**
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 **Otto Graf Sr.**
6. (c) Age of husband or wife if alive **Deceased** years
7. Birth date of deceased **August 3, 1861**
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
80 **2** **26** hr. min.

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

10. Usual occupation **At home**

11. Industry or business

MOTHER FATHER { 12. Name **Frederick Rasche**
13. Birthplace **Unknown** **Germany**
(City, town, or county) (State or foreign country)
14. Maiden name **Not known**
15. Birthplace **Unknown** **Germany**
(City, town, or county) (State or foreign country)

16. (a) Informant **Mrs Alex Hartman**
(b) Address **4558 Red Bud Ave**

17. (a) **Burial** (b) Date thereof **11/1/41**
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation **Friedens Cemetery**

18. (a) Signature of funeral director **Math Hermann & Son**
(b) Address **2161 East Fair Ave**

19. (a) **OCT 31 1941** (b) **J. J. Predeck**
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County **St. Louis**
(c) City or town **Jennings** **196 NR**
(If outside city or town limits, write "RURAL")
(d) Street No. **8614 Jennings Rd.**
(If rural, give location)
(e) Citizen of foreign country? **No** (Yes or No)
If yes, name country **1**

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **October** day **29th**
year **1941** hour **12:30 PM** minute M.
21. I hereby certify that I attended the deceased from **July 23** 19 **41** to **Oct. 29** 19 **41**
that I last saw her alive on **Oct. 29** 19 **41**
and that death occurred on the date and hour stated above.

Immediate cause of death
Posterior pneumonia **2 day**
Bronchial
Hepatitis **1 year**
Due to **Chronic myocarditis** **10 years**

Other conditions **Arteriosclerosis, probably C.A.**
(Include pregnancy within 3 months of death) **Lower right quadrant**
Major findings:
Of operations **552**
Of autopsy **1941**
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) (a) Means of injury **0**
23. Signature **Math Hermann** (M. D. or other) **MD**
Address **2437 N. Grand** Date signed **10-31-41**

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

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. Buchler*

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.