No. 2
4-13-40
5-17-39
I X23159

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
DEC 13 1941

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 39526

Registration District No. 784 Primary Registration District No. 111 Registrar's No. 2472

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

96
8
3

1. PLACE OF DEATH:
(a) County St. Louis
(b) City or town Richmond Heights (If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: St. Mary's Hosp. (If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 3 DYS (Specify whether years, months or days)
In this community LIFE 0

2. USUAL RESIDENCE OF DECEASED: 000 17 9
(a) State MO (b) County St. Louis
(c) City or town St. Louis (If outside city or town limits, write "RURAL")
(d) Street No. 6602a Arsenal (If rural, give location)
(e) If foreign born, how long in U. S. A.? 1 years.

3. (a) PRINT FULL NAME BABY GRAF

3. (b) If veteran, name war —
3. (c) Social Security No. —

4. Sex Male 0
5. Color or race WHITE
6. (a) Single, widowed, married, divorced Infant 0
6. (b) Name of husband or wife —
6. (c) Age of husband or wife if alive years
7. Birth date of deceased 12 (Month) — 3 (Day) — 41 (Year)

8. AGE: Years — Months — Days 3 If less than one day — hr. — min.

9. Birthplace Richmond Heights (City, town, or county) Mo. 0 (State or foreign country)
10. Usual occupation —
11. Industry or business —

FATHER
12. Name John Francis Graf
13. Birthplace St. Louis (City, town, or county) Mo. 0 (State or foreign country)

MOTHER
14. Maiden name Eileen Schoenberger
15. Birthplace St. Louis (City, town, or county) Mo 0 (State or foreign country)

16. (a) Informant Mother
(b) Address 6602a Arsenal
17. (a) BURIAL (Burial, cremation, or removal) (b) Date thereof DEC 8 - 41. (Month) (Day) (Year)
(c) Place: burial or cremation CALVARY CEM.
18. (a) Signature of funeral director Brockland Und Co
(b) Address 1827 HOGAN STR
19. (a) DEC 7 1941 (Date received local registrar) (b) E. G. McGavran Jr. (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec. day 6 year 1941 hour 1:30 minute a M.
21. I hereby certify that I attended the deceased from 12-3-41, 19__, to 12-6-41, 19__; that I last saw him alive on 12-5-41, 19__; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Congenital enlargement of Heart	?
Due to	
Due to 95 c2	
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, on farm, in industrial place, in public place? (Specify type of place)
While at work? (e) Means of injury 0

23. Signature H. F. Cuvelard (M. D. or other) MD
Address 5930 Southwest Ave Date signed 12-6-41

107 (Licensed Embalmer's Statement on Reverse Side)

JUL 10 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 J. Wm Bimbley

Licensed Embalmer No. 3653

P. O. Address St Louis Mo.

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

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