

4-15-42
-17-39
I X23159

APR 8 1942 791
Registration District No.

Primary Registration District No. 1003

State File No.
Registrar's No. 2168

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

1. PLACE OF DEATH:
(a) County.....
(b) City or town St. Louis Mo.
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: City Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 2-24-42 to 3-8-42
(Specify whether
In this community.....
years, months or days)

3. (a) PRINT FULL NAME BABY GRAFF #2
3. (b) If veteran, name war..... 3. (c) Social Security No.....

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced.....
6. (b) Name of husband or wife..... 6. (c) Age of husband or wife if alive..... years
7. Birth date of deceased. Feb. 23, 1942
(Month) (Day) (Year)

8. AGE: Years Months Days 14 If less than one day
hr. min.

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

10. Usual occupation.....

11. Industry or business.....

MOTHER FATHER { 12. Name Irven Graff
13. Birthplace St. Louis Mo.
(City, town, or county) (State or foreign country)
14. Maiden name Agnes Kenkel
15. Birthplace St. Louis Mo.
(City, town, or county) (State or foreign country)

16. (a) Informant Irven Graff
(b) Address 5156 San Francisco, Ave

17. (a) Burial (b) Date thereof 3-10-42
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Int. Calvary Cemetery

18. (a) Signature of funeral director SULLIVAN BROTHERS
(b) Address 2849 North Euclid Ave.

19. (a) MAR 9 1942 (b) J. F. Braddock
(Date received local registrar) (Registrar's signature)

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. 5156 San Francisco, Ave.
(If rural, give location)
(e) If foreign born, how long in U. S. A.? 0 years.

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month MARCH day 8
year 1942 hour 12:20 minute A M.
21. I hereby certify that I attended the deceased from FEB 24, 1942, to MAR 8, 1942,
that I last saw h.i.m. alive on MAR 8, 1942
and that death occurred on the date and hour stated above.

Immediate cause of death SEPSIS NEONATORUM
Due to.....
Due to.....
Other conditions (Include pregnancy within 3 months of death) 16/18
Major findings: Of operations NONE
Of autopsy NONE
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) (e) Means of injury 17
23. Signature Geo. W. Salmon (M. D. or other) W.D.
Address City Hospital Date signed MAR 8 1942

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

Albert Mayfield

Licensed Embalmer No.

3077

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.