

FILED OCT 14 1942

Registration District No. 316 Primary Registration District No. 8075 Registrar's No. 115

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

1. PLACE OF BIRTH:

(a) County St. Francois
 (b) City or town Rural St. Francois Township near Farmington
 (If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution State Hospital No. 4
 (If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution 1 yr. 11 days
 (Specify whether years, months or days)

3. (a) PRINT FULL NAME Katherine Graving

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 Married

6. (b) Name of husband or wife Bernard Graving

6. (c) Age of husband or wife if alive 11.6 years

7. Birth date of deceased July 22 1876
 (Month) (Day) (Year)

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

66 1 5 hr. min.

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

10. Usual occupation Housewife

11. Industry or business

MOTHER FATHER { 12. Name Julius Dierkes

13. Birthplace Westphalen Germany
 (City, town, or county) (State or foreign country)

14. Maiden name Eli abeth Hartmann

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

16. (a) Informant Records of St. Hospital No. 4

(b) Address Farmington, Missouri

17. (a) Burial (b) Date thereof August 29, 1942
 (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Mt. Olive Cemetery

18. (a) Signature of funeral director Jos. P. Fendler, Jr.

(b) Address St. Louis, Mo.

19. (a) Sept 21, 1942 (b) Byrdie Buhmester
 (Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County City

(c) City or town St. Louis
 (If outside city or town limits, write "RURAL")

(d) Street No. 6220 Vermont
 (If rural, give location)

(e) Citizen of foreign country?

If yes, name country

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month August day 27th
 year 1942 hour 2:20 minute A.M.

21. I hereby certify that I attended the deceased from August 16th, 19 42, to Aug. 27, 19 42
 that I last saw her alive on Aug. 26th, 19 42
 and that death occurred on the date and hour stated above.

Immediate cause of death.....
Pneumonia, terminal Duration 3 days

Due to Acute gastroenteritis, type of organism not determined 12 days

Due to Arteriosclerosis, generalized ?
marked myocardial infarction with Coronary Arteriosclerosis ?

Other conditions Chronic Nephritis ?
 (Include pregnancy within 3 months of death)

PHYSICIAN

Major findings: No operations

Of operations

Of autopsy no autopsy 1200

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

Where did injury occur?

(c) (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

23. Signature C. O. Ault M.D. (Name or other) 8-27-42

Address Farmington, Missouri Date signed 8-27-42

1196

RECEIVED

District Health Officer No. 4

District File Number 1042-1233

Date Filed 10-13-42

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 Joe P. Zundel Jr.

Licensed Embalmer No. 925

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.