

Registration District No. 1818

Primary Registration District No. 1003

1. PLACE OF DEATH:

(a) County St. Louis Missouri
(b) City or town St. Louis Missouri
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
1817 1/2 Franklin Ave. 1
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution.....
(Specify whether

In this community.....
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 17
(c) City or town St. Louis 725
(If outside city or town limits, write "RURAL")
(d) Street No. 1817 1/2 Franklin Ave
(If rural, give location)
(e) Citizen of foreign country?..... (Yes or No)
If yes, name country 0

3. (a) PRINT FULL NAME

Henry Graner

3. (b) If veteran, name war None

3. (c) Social Security No. None

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Widowed
6. (b) Name of husband or wife Elizabeth Graner 6. (c) Age of husband or wife if alive 44 years
7. Birth date of deceased Oct. 4th, 1861
(Month) (Day) (Year)

8. AGE: Years 81 Months 8 Days 7 If less than one day hr. min.

9. Birthplace Duncannon Indiana
(City, town, or county) (State or foreign country)

10. Usual occupation Stationery Engineer

11. Industry or business

MOTHER FATHER
12. Name unknown
13. Birthplace " 9
(City, town, or county) (State or foreign country)
14. Maiden name unknown
15. Birthplace " 9
(City, town, or county) (State or foreign country)

16. (a) Informant Mr. Evelyn Moore

(b) Address 5256 Waterman Ave

17. (a) Burial (b) Date thereof June 10-43
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Memorial Park Cem.

18. (a) Signature of funeral director Chas. A. Bulge

(b) Address 4452 Washington Bldg.

19. (a) JUN 10 1943 (b) J.F. Blodock
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 8
year 1943 hour 8 minute 45 P.M.

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

Immediate cause of death Cerebral Thrombosis
Due to Cardiac Hypertrophy
Due to Arteriosclerosis
Other conditions 95°
(Include pregnancy within 3 months of death)

Duration

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?

While at work?..... (Specify type of place) (e) Means of injury.....
23. Signature Thomas F. Callahan (M.D. or other)
Address Deputy Coroner Date signed 6-9-43

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 J. Hiron

Licensed Embalmer No.

4319

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.