

FILED JAN 31 1944
Registration District No. 10447

Primary Registration District No. 3008

Registrar's No. 18

14
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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH:

(a) County Calloway

(b) City or town Fulton
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:
State Hospital
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 3 yrs 9 mo 10 days
(Specify whether years, months or days) same

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County St Louis

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

(d) Street No. _____
(If rural, give location)

(e) Citizen of foreign country? no (Yes or No)
If yes, name country Austria

3. (a) PRINT FULL NAME MARY GRAF

3. (b) If veteran, name war _____

3. (c) Social Security No. None

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan day 12
year 1944 hour _____ minute 12:30 P.M.

21. I hereby certify that I attended the deceased from Jan 10
1944 to Jan 12 1944
that I last saw her alive on Jan 9
and that death occurred on the date and hour stated above.

4. Sex female / race white

5. Color or race _____

6. (a) Single, widowed, married, divorced married

6. (b) Name of husband or wife DK

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

7. Birth date of deceased Feb 22 1881
(Month) (Day) (Year)

Immediate cause of death:
Chronic Valvular Myocardial with
concentric hypertrophy (aortic dilatation)
Due to _____

Duration ?

8. AGE: Years 62 Months 10 Days 20
If less than one day _____ hr. _____ min.

Due to _____

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

Major findings:
Chronic interstitial nephritis

Of operations 131a

Of autopsy same

M.P. Neal Columbia Mo

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

10. Usual occupation housewife

11. Industry or business _____

MOTHER FATHER

12. Name Frank Letzka

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

14. Maiden name Theresa Wobak

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

Underline the cause to which death should be charged statistically.

16. (a) Informant Records

(b) Address State Hosp No 1 Fulton Mo

17. (a) Burial (b) Date thereof 1 15 1944
(Burial, cremation, or otherwise) (Month) (Day) (Year)

(c) Place of burial or cremation St Clair Cem

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? _____

18. (a) Signature of funeral director Wacker & Halderale

(b) Address 3634 Gravois St. St Louis Mo

19. (a) 1-13-1944 (b) Jose Moschetti
(Date received local registrar) (Registrar's signature)

(Specify type of place) _____

(e) Means of injury _____

Signature Robert J. Price (M. D. or other) MR

Address State Hosp No 1 Fulton Mo Date signed 1/12/44

709027

JAN 3 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 Frank J. Myland

Licensed Embalmer No. 2645

P. O. Address. St. Louis

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.