

Registration District No.

Primary Registration District No. 5596

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

1. PLACE OF DEATH:

(a) County JEFFERSON
(b) City or town RURAL - WOODRIDGE, MO.
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
ST. JOSEPH'S HILL INFIRMARY 5
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 2 MONTHS 10 DAYS
(Specify whether
In this community
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State MISSOURI (b) County JEFFERSON
(c) City or town ST. LOUIS
(If outside city or town limits, write "RURAL")
(d) Street No. 5401 WALSH ST.
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME

HARRY GRAEFF

(b) If veteran, name war

No

(c) Social Security No. NONE

4. Sex M D

5. Color or race W

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

6. (b) Name of husband or wife MINNIE GRAEFF

6. (c) Age of husband or wife if alive 63 years

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

8. AGE:	Years	Months	Days	If less than one day
	<u>63</u>	<u>4</u>	<u>11</u>	hr. min.

9. Birthplace ST. LOUIS MISSOURI
(City, town, or county) (State or foreign country)

10. Usual occupation PRINTER

11. Industry or business INDUSTRY

MOTHER FATHER

12. Name AUGUST GRAEFF

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

14. Maiden name ELIZABETH (?)

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

16. (a) Informant Frederick Roch, D.S.

(b) Address St. Joseph's Hill Infirmary

17. (a) burial (b) Date thereof 5-7-45
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation New St. Marys Cemetery

18. (a) Signature of funeral director Wm H. Jungbauer

(b) Address 4228 S. Kingshighway, St. Louis, Mo.

19. (a) May 4 1945 (b) Ed J. Vandeventer
(Date received from registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month MAY day 4^{ch}
year 1945 hour 8 minute 30 A.M.

21. I hereby certify that I attended the deceased from FEBRUARY 27, 1945 to MAY 1, 1945; that I last saw him alive on MAY 1, 1945; and that death occurred on the date and hour stated above.

Immediate cause of death CHRONIC ENDOCARDITIS
Duration

Due to HYPERTENSIVE-ARTERIOSCLEROTIC-CEREBRAL-CARDIOVASCULAR DISEASE

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations 1312
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

23. Signature John L. Mardel (M. D. or other)
Address 3135 No. VANDEVENTER Date signed 5-5-45

RECEIVED

District Health Officer No. 9,

District File Number.....

Date Filed 5-19-45

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 Richard W. Storvick

Licensed Embalmer No. 4007

P. O. Address.....

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.