S. No. 2
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7. 5-17-39
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

25688

State File No. 7152

FILED AUG 24 1945

Registration District No. 318 Primary Registration District No. 1003

Registrar's No.

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 No 1
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 15 Minutes (Specify whether years, months or days)

In this community

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. 2101 A Chippewa St
(If rural, give location)

(e) Citizen of foreign country? (Yes or No)

If yes, name country

3. (a) PRINT FULL NAME ELIZABETH GRAU

3. (b) If veteran, name war

3. (c) Social Security No.

4. Female

5. Color or race White

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

6. (b) Name of husband or wife Theodore Grau

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

7. Birth date of deceased Dec 22 1858 (Month) (Day) (Year)

8. AGE: Years	Months	Days	If less than one day
86	7	22	hr. min.

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

10. Usual occupation Housewife

11. Industry or business At Home

MOTHER FATHER

12. Name August Wilhoff

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

14. Maiden name Unknown

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

16. (a) Informant Minnie Dagnie

(b) Address 2101 Chippewa St

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Aug 16/45 (Month) (Day) (Year)

(c) Place: burial or cremation New St Marsus Cem.

18. (a) Signature of funeral director Thos Kutis & Son

(b) Address 2906 Gravois Ave

19. (a) AUG 15 1945 (Date received local registrar) J. T. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Aug day 13 year 1945 hour 9 00 A.M. minute 01 A.M.

21. I hereby certify that I attended the deceased from , 19 , to , 19 ;

that I last saw h alive on , 19 ;

and that death occurred on the date and hour stated above.

Immediate cause of death Fractured Skull
Symptomatic of brain injury
Fell from Second Story Window at Home
Due to
Aug 13 1945 about 8:45 P.M.

Due to

Duration

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

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) Accident

(b) Date of occurrence Aug 13 1945

(c) Where did injury occur? St Louis (City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? Home (Specify type of place)

While at work? No (e) Means of injury Fall

23. Signature Patrick E Lavin M.D. or other

Address City Morgue Date signed 8/15/45

(Licensed Embalmer's Statement on Reverse Side)

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 David Van Fossan

Licensed Embalmer No. 4242

P. O. Address 2906 Harris.

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.