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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

41544

State File No.

FILED DEC 21 1945

Registration District No. 164 Primary Registration District No. 594 Registrar's No. 16-96

1. PLACE OF DEATH:

(a) County JEFFERSON

(b) City or town RURAL - Meramec Twp.
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: ST. JOSEPH'S HILL INFIRMARY
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 41 DAYS (Specify whether
In this community
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 000

(c) City or town St. Louis 17
(If outside city or town limits, write "RURAL")

(d) Street No. 380 McDonald 9
(If rural, give location)

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

If yes, name country

3. (a) PRINT FULL NAME CHARLES GRABER

3. (b) If veteran, name war None

3. (c) Social Security No. None

4. Sex M O

5. Color or race W

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

6. (b) Name of husband or wife UNK

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

7. Birth date of deceased April (Month) 24 (Day) 1860 (Year)

8. AGE:

Years	Months	Days	If less than one day
85	7	18	hr. min.

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

10. Usual occupation Brewer

11. Industry or business Temp Brewery

FATHER
12. Name Jacob Graber
13. Birthplace Germany (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Philomena Schroeder
15. Birthplace Germany (City, town, or county) (State or foreign country)

16. (a) Informant Brother Rock O.S.F.

(b) Address St. Joseph's Hill Infirmary

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 12/13/45 (Month) (Day) (Year)

(c) Place: burial or cremation Calvary Cem. St. Louis Mo.

18. (a) Signature of funeral director Roberts Funeral Home

(b) Address 1901 So. Grand Blvd.

19. (a) 11 Dec 1945 (Date received local registrar) (b) J A Townsend (Registrar's signature)

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MEDICAL CERTIFICATION

20. DATE OF DEATH: Month December day 11th
year 1945 hour 2 minute 15 A.M.

21. I hereby certify that I attended the deceased from November 6, 1945, to December 4, 1945; that I last saw him alive on December 4, 1945; and that death occurred on the date and hour stated above.

Immediate cause of death CORONARY OCCLUSION

Due to PERNICIOUS ANEMIA

Due to CEREBRAL ARTERIOSCLEROTIC CARDIO-VASCULAR-DISEASE

Other conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

Duration

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 J. Marden MD (M. D. or other)

Address 3155 So. Vandeventer Date signed 12/11/45

(Licensed Embalmer's Statement on Reverse Side) St. Louis, Mo.

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 Howard A Rawland

Licensed Embalmer No. 3114

P. O. Address St Louis 8 Mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply wit the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.