

S. No. 2  
M-5-43  
5-17-39  
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DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **339**

**FILED FEB 7 1946**

Registration District No. **318**

Primary Registration District No. **1003**

Registrar's No. **1051**

**1. PLACE OF DEATH:**

(a) County.....

(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:  
**Deaconess Hospital**  
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution **2 days**  
(Specify whether  
In this community **life**  
years, months or days)

**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. **6401 Sutherland**  
(If rural, give location)

(e) Citizen of foreign country? **NO** (Yes or No)  
If yes, name country.....

**3. (a) PRINT FULL NAME** **Adolph F Graef**

3. (b) If veteran, name war.....

3. (c) Social Security No. **489-07-4836**

**MEDICAL CERTIFICATION**

**20. DATE OF DEATH:** Month **1** day **30**  
year **1946** hour **9:00** minute **A** M.

**21. I hereby certify that I attended the deceased from** **1-27**  
**1946** to **1-30** 19**46**  
that I last saw him **alive** on **1-30** 19**46**  
and that death occurred on the date and hour stated above.

4. Sex **Male** 5. Color or race **White**

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

6. (b) Name of husband or wife **Celia Graef**

6. (c) Age of husband or wife if alive **61** years

7. Birth date of deceased **9 23 1882**  
(Month) (Day) (Year)

Immediate cause of death  
**Cerebral Apoplexy**  
Due to **ARTERIO SCLEROSIS**

Duration **4 days**

**8. AGE:**

Years	Months	Days	If less than one day
<b>63</b>	<b>4</b>	<b>7</b>	hr. min.

Due to.....

Other conditions **TERMINAL PNEUMONIA**  
(Include pregnancy within 8 months of death)

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

10. Usual occupation **Receiving Clerk**

11. Industry or business **National Berry Metal Corp**

Major findings:  
Of operations **83**

Of autopsy.....

**PHYSICIAN**  
Underline the cause to which death should be charged statistically.

MOTHER FATHER

12. Name..... **Unknown**

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 **Celia Graef**

(b) Address **6401 Sutherland, St. Louis, Missouri**

17. (a) **Burial** (b) Date thereof **2-2-1946**  
(Burial, cremation, or removal) (Month) (Day) (Year)

**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?

(c) Name of funeral home **C. HOFFMEISTER COLONIAL MORTUARY**

18. (a) Signature of funeral director **J. F. Bredick**  
**6464 Chippewa, St. Louis, Missouri**

(b) Address **Jan 30 1946**

19. (a) **Jan 30 1946** (b) **J. F. Bredick**  
(Date received local registrar) (Registrar's signature)

While at work?..... (Specify type of place) (e) Means of injury.....

23. Signature **J. F. Bredick** (M. D. or other) **MD**  
Address **4501 E. Manchester** Date signed **1-30-46**

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

2346

JAN 31 1946

Dr. L M Webb  
4501 Manchester  
PR 0630

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**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

*Rex C. Campbell*

Licensed Embalmer No. *3881*

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.**