S. No. 2
I—12-45
. 5-17-39
I X47070

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED MAR 23 1947

Registration District No. 318

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 10897

Primary Registration District No. 1003

Registrar's No. 2500

1. PLACE OF DEATH:

(a) County

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

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

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

In this community

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County

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

(d) Street No. 340 Rosedale Ave.,
(If rural, give location)

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

If yes, name country

3. (a) PRINT FULL NAME Emma Graff

3. (b) If veteran, name war No

3. (c) Social Security No. None

4. Sex Female

5. Color or race White

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

6. (b) Name of husband or wife Charles Graff

6. (c) Age of husband or wife if alive 89 years

7. Birth date of deceased Oct. 21, 1860.
(Month) (Day) (Year)

8. AGE: Years 86 Months 4 Days 18 If less than one day hr. min.

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

10. Usual occupation Housewife

11. Industry or business

MOTHER FATHER

12. Name Joseph Brissett

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

14. Maiden name Laura Creely

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

16. (a) Informant Emma Graff

(b) Address 340 Rosedale Ave.,

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Mar. 12/47.
(Month) (Day) (Year)

(c) Place: burial or cremation Sunset Burial Park

18. (a) Signature of funeral director Jos. W. Clark

(b) Address 1125 Hodiamont Ave.,

19. (a) MAR 10 1947 (Date received local registrar) (b) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 9 year 1947 hour 2:05 minute P.M. M.

21. I hereby certify that I attended the deceased from January 9, 1947, to March 9, 1947, that I last saw her alive on March 9, 1947, and that death occurred on the date and hour stated above.

Immediate cause of death Broncho pneumonia

Duration 5 days

Due to

Due to

Other conditions Chr. Myocarditis - Hypertension 10 yrs
(Include pregnancy within 3 months of death)

Major findings: Fracture rt hip
Of operation Fracture of rt femur involving rt hip joint.

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 3/9/47

(c) Where did injury occur? St Louis (City or town) Mo (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? (e) Means of injury Fall

23. Signature Maurice A. Deutsch (M. D. or other) M.D.

Address 8 Bay St Charles Rd Date signed 3-10-47

St Louis 14, Mo

(Licensed Embalmer's Statement on Reverse Side)

City Coroner

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 Alfred F. Boedeker

Licensed Embalmer No. 2663

P. O. Address 1125 Hodiamont Ave.,

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.