V. S. No. 2
M—12-45
ev. 5-17-39
I X47070

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED AUG 4 1947

Registration District No. 3 1 47

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 26343

Primary Registration District No. 6076

Registrar's No. 1621

1. PLACE OF DEATH:

(a) County St. Louis

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

(c) Name of hospital or institution: HallsFerry Memorial Home 4
(If not in hospital or institution, write street number or location)

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

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 0 0 0

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

(d) Street No. 2360 Lawrence Ave. 9
(If rural, give location)

(e) Citizen of foreign country? (Yes or No) 1

If yes, name country

3. (a) PRINT FULL NAME Alexander R. Grafe

3. (b) If veteran, name war

3. (c) Social Security No.

4. Sex Male 0

5. Color or race White

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

6. (b) Name of husband or wife Alice Grafe

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

7. Birth date of deceased March 6, 1876 (Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
71	4	21	hr. min.

9. Birthplace St. Louis (City, town, or county) Missouri (State or foreign country) 0

10. Usual occupation Retired

11. Industry or business Pullman Company

FATHER
12. Name Charles Grafe 9
13. Birthplace Don't Know (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Henrietta Schulte 4
15. Birthplace (City, town, or county) Germany (State or foreign country)

16. (a) Informant Charles Aude

(b) Address 2212 St. Louis Ave.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 7-30-1947 (Month) (Day) (Year)

(c) Place: burial or cremation Sunset Burial Park

18. (a) Signature of funeral director Weick Bro. Und. Co.

(b) Address 2201 S. Grand Bl.

19. (a) 7-31-47 (Date received local registrar) (b) Paul A. Sharp MD (Registrar's signature) MSA

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 26th year 1947 hour 5 minute 10 P.M.

21. I hereby certify that I attended the deceased from July 3, 1947 to July 26, 1947; that I last saw him alive on July 26, 1947; and that death occurred on the date and hour stated above.

Immediate cause of death Coronary occlusion and Nephritis

Due to —

94a

Due to —

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) No

(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 N. S. Shaver (M. D. ~~or other~~)

Address 2739-81-Grand Date signed 7-28-47

(Licensed Embalmer's Statement on Reverse Side)

Dr. Nellie Shover
2739 N. Grand
3 P.M.

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 Harry A. Stewart

Licensed Embalmer No. 3722

P. O. Address 2201 S. Grand

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.