S. No. 2
M—1/47
v. 5-17-39

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 35259

FILED OCT 24 1947

Registration District No. 318 — Primary Registration District No. 1003 — Registrar's No. 3618

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: St. Anthony's Hosp.
(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: Missouri (b) County: St. Louis 96
(c) City or town: Lemay 23 8
(If outside city or town limits, write "RURAL") 0
(d) Street No.: 8431 Tennessee
(If rural, give location)
(e) Citizen of foreign country? no (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME: HELEN GRABHER
3. (b) If veteran, name war:
3. (c) Social Security No.

4. Sex: female
5. Color or race: white
6. (a) Single, widowed, married, divorced: widowed
6. (b) Name of husband or wife: Joseph Grabher
6. (c) Age of husband or wife if alive: years
7. Birth date of deceased: October (Month) 18 (Day) 1870 (Year)

8. AGE: Years 76 Months 11 Days 26 If less than one day hr. min.

9. Birthplace: (City, town, or county) Switzerland (State or foreign country)
10. Usual occupation: house work
11. Industry or business: at home
FATHER
12. Name: Leonz Fuchs
13. Birthplace: (City, town, or county) Switz (State or foreign country)
MOTHER
14. Maiden name: Mariana Abegg
15. Birthplace: (City, town, or county) Switz (State or foreign country)
16. (a) Informant: Joseph A. Grabher
(b) Address: 8431 Tennessee
17. (a) burial (Burial, cremation, or removal) (b) Date thereof: 10-18-1947 (Month) (Day) (Year)
(c) Place: burial or cremation: St. Peter & Paul
18. (a) Signature of funeral director: Fendler Und. Co.
(b) Address: 7420 Michigan Ave.
19. (a) OCT 16 1947 (Date received by Registrar) (b) J. F. Bresack (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct day 14 year 1947 hour 3 minute p M.
21. I hereby certify that I attended the deceased from Oct 12, 1947 to Oct 14, 1947 that I last saw her alive on Oct 14, 1947 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Peritonitis following	3 days
Gangrene of Ileum	3 "
Due to:	
Due to: Strangulated Femoral Hernia	4 days
Other conditions (Include pregnancy within 3 months of death):	
Major findings: Of operations:	
Of autopsy: Same as above	

PHYSICIAN — Underline the cause of 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: Owen J. Graham (M. D. or other) Nse
Address: 7606 Meyboy Date signed Oct 16

Jefferson City Printing Co. (Licensed Embalmer's Statement on Reverse Side)

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

O. McNamee
7606 Michigan

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 V E Morris

Licensed Embalmer No. 3360

P. O. Address .....

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.