

U.S. DEPARTMENT OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. **3489**

3489

FILED FEB 93/1948

Registration District No. **2/1**

Primary Registration District No. **6076**

Registrar's No. **264**

1. PLACE OF DEATH:

(a) County **St. Louis**
 (b) City or town **Creve Coeur**
 (If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution:
Olive St & Graeser Rods
 (If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution _____
 In this community **life** (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County **St. Louis**
 (c) City or town **Creve Coeur**
 (If outside city or town limits, write "RURAL")
 (d) Street No. **Olive St & Graeser Rods**
 (If rural, give location)
 (e) Citizen of foreign country? **No** (Yes or No)
 If yes, name country _____

3. (a) PRINT FULL NAME **Louise A. Graeser**

3. (b) If veteran, name war **None** 3. (c) Social Security No. **None**

4. Sex **F** 5. Color or race **W** 6. (a) Single, widowed, married, divorced **M**

6. (b) Name of husband or wife **Ernst G.** 6. (c) Age of husband or wife if alive **76** years

7. Birth date of deceased **Mar. 22 1875**
 (Month) (Day) (Year)

8. AGE: Years **72** Months **10** Days **4** If less than one day hr. _____ min. _____

9. Birthplace **Creve Coeur Mo. 6**
 (City, town, or county) (State or foreign country)

10. Usual occupation **Housewife**

11. Industry or business

12. Name **Rudolph Neff**

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

14. Maiden name **Julia Thomassen**

15. Birthplace **France**
 (City, town, or county) (State or foreign country)

16. (a) Informant **Charles L. Graeser**

(b) Address **Creve Coeur, Mo. R#2**

17. (a) **Burial** (b) Date thereof **1-29-48**
 (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **St. Pauls Ev. Cemetery**

18. (a) Signature of funeral director **Baumgardner**

(b) Address **2504-Woodson Rd-Overland, Mo.**

19. (a) **1-27-48** (b) **Paul J. Sharp MD**
 (Date received local registrar) (Registrar's Signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **Jan.** day **26**
 year **1948** hour **10** minute **45 A.M.**

21. I hereby certify that I attended the deceased from **6/1 1940** to **1/26 1948**
 that I last saw him alive on **1/3 1948**
 and that death occurred on the date and hour stated above.

Immediate cause of death **Coronary occlusion**

Due to **Hypertensive Cardiovascular renal disease**

Due to _____

Other conditions **1312**
 (Include pregnancy within 3 months of death)

Major findings:
 Of operations _____

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) _____

(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? _____

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

23. Signature **J. D. Seagle** (M. D. or other **M.D.**)
 Address **1047 W. Adams, Federal** Date signed **1/27/48**

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

MOTHER, FATHER

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 3454

....., Registered Apprentice No.....
working under my personal supervision.

Signed David C. Gibson

Licensed Embalmer No. 3454

P. O. Address Cleveland 14 Ohio

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.