FEDERAL SECURITY AGENCY
National Office of Vital Statistics

FILED JUL 28 1948

Registration District No. 318

MISSOURI DIVISION OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 24517

Primary Registration District No. 1003

Registrar's No. 6396

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:
4018 Pleasant St.
(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 001 17

(c) City or town St. Louis 9
(If outside city or town limits, write "RURAL") 0

(d) Street No. 4018 Pleasant St.
(If rural, give location)

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

If yes, name country

3. (a) PRINT FULL NAME Stella C. Margraff

3. (b) If veteran, name war None

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 Theodore

6. (c) Age of husband or wife if alive 64 years

7. Birth date of deceased July (Month) 10 (Day) 1893 (Year)

8. AGE: Years 55 Months 0 Days 7 If less than one day hr. min.

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

10. Usual occupation At Home

11. Industry or business

FATHER
12. Name Unknown
13. Birthplace Unknown (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Unknown
15. Birthplace Unknown (City, town, or county) (State or foreign country)

16. (a) Informant Theodore Margraff

(b) Address 4018 Pleasant St.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 7-20-48 (Month) (Day) (Year)

(c) Place: burial or cremation Memorial Park Cemetery

18. (a) Signature of funeral director Math. Hermann & Son, Inc.

(b) Address 2161 E. Fair Ave

19. (a) JUL 19 1948 (Date received local registrar) (b) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 17 year 1948 hour 6 minute 30 A.M.

21. I hereby certify that I attended the deceased from July 7, 1948 to July 17, 1948; that I last saw her alive on July 16, 1948; and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Ventricular Fibrillation	Seconds
Due to	
Due to	
Other conditions Coronary Disease (Include pregnancy within 3 months of death)	6 mo. +.

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? (Specify type of place)

While at work? (e) Means of injury

23. Signature O. E. Tioflat (M. D. or other) MD

Address 4222 N. Grand Date signed 7-19-48

(Licensed Embalmer's Statement on Reverse Side) O.E.TIOFLAT

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 Glen W. Nab

Licensed Embalmer No. 3737

P. O. Address 2161 E. Jau

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply w the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.