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3906

FEDERAL SECURITY AGENCY  
National Office of Vital Statistics  
FILED NOV 6 1948  
Registration District No. 318

MISSOURI DIVISION OF HEALTH  
STANDARD CERTIFICATE OF DEATH  
1003

State File No. 34175  
Registrar's No. 9156

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: en route City Hospital  
7328 N. BROADWAY  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution.....  
In this community.....  
years, months or days) 3 (Specify whether)

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 7328 N. BROADWAY  
(If rural, give location)  
(e) Citizen of foreign country?..... (Yes or No)  
If yes, name country.....

3. (a) PRINT FULL NAME ANNIE GRAFF  
3. (b) If veteran, name war.....  
3. (c) Social Security No. ....

MEDICAL CERTIFICATION  
20. DATE OF DEATH: Month Oct. day 22  
year 1948 hour 10 minute 30 A.M.  
21. I hereby certify that I attended the deceased from.....  
19..... to..... 19.....  
that I last saw h..... alive on..... 19.....  
and that death occurred on the date and hour stated above.

4. Sex FE. / 5. Color or race W.  
6. (a) Single, widowed, married, divorced W.  
6. (b) Name of husband or wife FREDERICK GRAFF  
6. (c) Age of husband or wife if alive..... years  
7. Birth date of deceased SEPT. 23 1869  
(Month) (Day) (Year)

Immediate cause of death Cerebral Apoplexy  
Due to.....  
Due to.....  
Other conditions.....  
(Include pregnancy within 3 months of death)

8. AGE: Years 79. Months 0 Days 29  
If less than one day..... hr. .... min.  
9. Birthplace MO.  
(City, town, or county) (State or foreign country)

10. Usual occupation HOUSEKEEPER OWN  
11. Industry or business.....  
12. Name BRINKMANN  
13. Birthplace GERMANY  
(City, town, or county) (State or foreign country)  
14. Maiden name UNKNOWN  
15. Birthplace GERMANY  
(City, town, or county) (State or foreign country)

Major findings:  
Of operations.....  
Of autopsy.....  
PHYSICIAN  
Underline the cause to which death should be charged statistically.

16. (a) Informant Fred Graff  
(b) Address 7328 N. BROADWAY  
17. (a) BURIAL (b) Date thereof OCTOBER 25 48  
(Burial, cremation) (Month) (Day) (Year)  
(c) Place: burial or cremation New Reformer Cem.  
18. (a) Signature of funeral director E. J. Schner  
(b) Address 3125 Lafayette Ave.  
19. (a) Oct 23 1948 (b) J. B. Jasater  
(Date received local registrar) (Registrar's signature)

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) (Means of injury)  
23. Signature [Signature] (M. D. or other)  
Address 1300 Clark Date signed.....

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

MOTHER FATHER

1011

*Miss*

**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.....

*Joe Bolmer*

Licensed Embalmer No. *4014*

P. O. Address..... *2800 4th St*

**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.**