

No. 300
7-10-47
5-17-39
PI 3906

FILED NOV 24 1948 18
Registration District No. _____

Primary Registration District No. **1003**

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

1. PLACE OF DEATH:

(a) County Saint Louis, Missouri

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

(c) Name of hospital or institution:
De Paul Hospital
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 2 Hours
(Specify whether years, months or days)

In this community _____
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County St. Louis

(c) City or town Saint Louis
(If outside city or town limits, write "RURAL")

(d) Street No. 4035 Green Lea Place
(If rural, give location)

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

If yes, name country _____

3. (a) PRINT FULL NAME Nicholas T. Graff

3. (b) If veteran, name war _____

3. (c) Social Security No. _____

MEDICAL CERTIFICATION

20. **DATE OF DEATH:** Month November day 10th
year 1948 hour 8 minute 30A M.

21. I hereby certify that I attended the deceased from 7-9-48 to 10-10-48

that I last saw him alive on 10-10-48 and that death occurred on the date and hour stated above.

4. Sex Male

5. Color or race White

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

6. (b) Name of husband or wife Mary E. Graff Nee Tucker

6. (c) Age of husband or wife if alive 58 years

7. Birth date of deceased November 5th, 1888
(Month) (Day) (Year)

Immediate cause of death Ruptured aortic aneurysm?

Due to Arterio Sclerosis

Other conditions of 6
(Include pregnancy within 3 months of death)

8. AGE:

Years	Months	Days	If less than one day
<u>60</u>	<u>0</u>	<u>5</u>	hr. _____ min. _____

9. Birthplace Normandie, France
(City, town, or county) (State or foreign country)

10. Usual occupation Salesman

11. Industry or business Boyd-Richardson Co.

MOTHER FATHER

12. Name Raymond Graff

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

14. Maiden name Unknown

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

16. (a) Informant Mrs. Mary E. Graff

(b) Address 4035 Green Lea Place, 7.

17. (a) Burial (b) Date thereof 10/13/1948
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Calvary Cemetery

18. (a) Signature of funeral director Calvin F. Feutz

(b) Address 4828 Natural Bridge Blvd.

19. (a) NOV 12 1948 (b) J. B. Luster
(Date received local registrar) (Registrar's signature)

PHYSICIAN

Major findings:
Of operations _____

Of autopsy as above

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 D

23. Signature Chas. J. [unclear] (M. D. or other) _____

Address 7500 N. Grand Date signed 11/0/48

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.....

John A. Fulmer

Licensed Embalmer No. *4186*

P. O. Address *St. Louis Mo*

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.