

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

FILED DEC 6 1949

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State File No. 38757

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|---|--|--|--|---|--|---|--|
| BIRTH NO. _____ | | REG. DIST. NO. _____ | | PRIMARY REG. DIST. NO. _____ | | Registrar's No. _____ | |
| 1. PLACE OF DEATH a. COUNTY _____ | | | | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE _____ b. COUNTY _____ | | | |
| b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>St. Louis</u> | | c. LENGTH OF STAY (in this place) <u>78 Yrs.</u> | | c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>S t. Louis</u> | | | |
| d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Residence 725 S. Skinker</u> | | | | d. STREET ADDRESS (If rural, give location) <u>725 S. Skinker</u> | | | |
| 3. NAME OF DECEASED (Type or Print) a. (First) <u>Adolph</u> | | b. (Middle) _____ | | c. (Last) <u>Graf</u> | | 4. DATE OF DEATH (Month) (Day) (Year) <u>Nov. 26 1949</u> | |
| 5. SEX <u>M</u> | | 6. COLOR OR RACE <u>W</u> | | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED? (Specify) <u>Single</u> | | 8. DATE OF BIRTH <u>Nov 8 1873</u> | |
| 9. AGE (In years last birthday) <u>76</u> | | IF UNDER 1 YEAR Months _____ Days _____ | | IF UNDER 100 HRS. Hours _____ Min. _____ | | | |
| 10a. USUAL OCCUPATION (Give kind of work dominating most of working life, even if retired) <u>Ret. Liquor dealer</u> | | 10b. KIND OF BUSINESS OR INDUSTRY <u>A. Graf Distilling Co.</u> | | 11. BIRTHPLACE (State or foreign country) <u>St. Louis Mo.</u> | | 12. CITIZEN OF WHAT COUNTRY? <u>USA</u> | |
| 13a. FATHER'S NAME <u>August Graf.</u> | | 13b. MOTHER'S MAIDEN NAME <u>Sophia Rauer</u> | | 14. NAME OF HUSBAND OR WIFE <u>Unmarried</u> | | | |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u> | | 16. SOCIAL SECURITY NO. <u>None</u> | | 17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Louise Graf Boepple 725 S. Skinker</u> | | | |
| 18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) <i>*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.</i> | | MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Coronary thrombosis</u> ANTECEDENT CAUSES <i>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.</i> DUE TO (b) _____ DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS <i>Conditions contributing to the death but not related to the disease or condition causing death.</i> | | | | INTERVAL BETWEEN ONSET AND DEATH <u>1 mda</u> | |
| 19a. DATE OF OPERATION _____ | | 19b. MAJOR FINDINGS OF OPERATION _____ | | | | 20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/> | |
| 21a. ACCIDENT SUICIDE HOMICIDE (Specify) _____ | | 21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) _____ | | 21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>St. Louis Mo.</u> | | | |
| 21d. TIME OF INJURY (Month) (Day) (Year) (Hour) _____ | | 21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/> | | 21f. HOW DID INJURY OCCUR? <u>H2O</u> | | | |
| 22. I hereby certify that I attended the deceased from <u>Sept</u> , 1949, to <u>Nov 26, 1949</u> , that I last saw the deceased alive on <u>Nov 21, 1949</u> , and that death occurred at <u>5 P</u> m., from the causes and on the date stated above. | | | | | | | |
| 23a. SIGNATURE <u>R. A. Neumann, Jr.</u> (Degree or title) | | | | 23b. ADDRESS <u>3701 Grand St.</u> | | 23c. DATE SIGNED <u>11-28-49</u> | |
| 24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u> | | 24b. DATE <u>Nov. 29, 1949</u> | | 24c. NAME OF CEMETERY OR CREMATORY <u>Sts Peters & Pauls</u> | | 24d. LOCATION (City, town, or county) (State) <u>St. Louis Mo.</u> | |
| DATE REC'D BY LOCAL REG. <u>Nov 28 1949</u> | | REGISTRAR'S SIGNATURE <u>J. B. Sauter</u> | | 25. FUNERAL DIRECTOR'S SIGNATURE <u>Alexander & Sons</u> | | ADDRESS <u>6175 Helms</u> | |

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

Dr R.G. Mussbaum
Oranbel Squ.
Je 4430

Tom

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 _____

Student Embalmer No. _____

working under my personal supervision.

Student _____
Student Embalmer

Signed jos. E McCulloch

Licensed Embalmer No. 2460

P. O. Address 6175 Pellmar

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.