

FILED MAR 8 1950

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

7073  
State File No. 545

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 317 PRIMARY REG. DIST. NO. 3064 Registrar's No. 545

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD—4001

1. PLACE OF DEATH a. COUNTY <u>St. Louis</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>St. Louis</u>	
b. CITY (If outside corporate limits, write RURAL and give town) <u>Ferguson</u>	c. LENGTH OF STAY (in this place) <u>Life</u>	c. CITY (If outside corporate limits, write RURAL and give township) <u>Ferguson</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>140 Cunningham Ave.</u>		d. STREET ADDRESS (If rural, give location) <u>140 Cunningham Ave.</u>	

3. NAME OF DECEASED (Type or Print) a. (First) <u>Anna</u>	b. (Middle) <u>D.</u>	c. (Last) <u>Graf</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>Feb. 28, 1960</u>
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5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u>	8. DATE OF BIRTH <u>Sept. 5, 1871</u>	9. AGE (In years last birthday) <u>78</u>	IF UNDER 1 YEAR (Month) (Day) <u>5 23</u>	IF UNDER 2 HRS. (Hour) (Min.)
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>----</u>	11. BIRTHPLACE (State or foreign country) <u>Lincoln Co. Missouri</u>	12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>
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13a. FATHER'S NAME <u>Adolph Westermann</u>	13b. MOTHER'S MAIDEN NAME <u>Unknown Stark</u>	14. NAME OF HUSBAND OR WIFE <u>Charles Graf</u>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>	16. SOCIAL SECURITY NO. <u>none</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Fred H. Graf Ferguson, Mo.</u>	ADDRESS
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18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)  *This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.	1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Myocarditis</u>		INTERVAL BETWEEN ONSET AND DEATH
	ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Senility - De-compensated</u>		
	DUE TO (c) <u>Myocardial infarct.</u>		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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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)
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <u>2:15 P.M. 3-28-50</u>	21e. INJURY OCCURRED WHILE AT WORK <input checked="" type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?
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22. I hereby certify that I attended the deceased from 3-19, 1949, to Feb. 28, 1950, that I last saw the deceased alive on Feb. 28, 1950, and that death occurred at 4:45 P.M., from the causes and on the date stated above.

23a. SIGNATURE <u>D. P. Hughes M.D.</u> (Degree or title)	23b. ADDRESS <u>Ferguson Mo</u>	23c. DATE SIGNED <u>3/2/50</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>3/5/50</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Memorial Park Cem.</u>	24d. LOCATION (City, town, or county) (State) <u>St. Louis Co. Mo.</u>
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DATE REC'D BY LOCAL <u>MAR 3 1950</u>	REGISTRAR'S SIGNATURE <u>Bertrand E. Dowbe, M.D.</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>White Funeral Home, Ferguson, Mo.</u>	ADDRESS
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(Licensed Embalmer's Statement on Reverse Side)

**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 *L. M. Shlute* .....

Licensed Embalmer No. *3973* .....

P. O. Address *Ferguson, 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.