

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

FILED JUN 29 1950

State File No. 21559

318

1003

Registrar's No. 5379

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. \_\_\_\_\_ PRIMARY REG. DIST. NO. \_\_\_\_\_

1. PLACE OF DEATH  
a. COUNTY \_\_\_\_\_

b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis, Mo.

c. LENGTH OF STAY (in this place) \_\_\_\_\_

d. FULL NAME OF HOSPITAL OR INSTITUTION: Fairmin Desloge Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission):  
a. STATE Mo. b. COUNTY \_\_\_\_\_

c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN De Soto

d. STREET ADDRESS (If rural, give location) 0502  
1

3. NAME OF DECEASED  
(Type or Print) a. (First) Brother Cajetan b. (Middle) \_\_\_\_\_ c. (Last) Graebe, C.Ss.R.

4. DATE OF DEATH (Month) (Day) (Year) 6-17-50

5. SEX Male 6. COLOR OR RACE White 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Single

8. DATE OF BIRTH 9 9. AGE (In years last birthday) 82 # UNDER 1 YEAR: Months \_\_\_\_\_ Days \_\_\_\_\_ # UNDER 24 HRS. Hours \_\_\_\_\_ Min. \_\_\_\_\_

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Religious

10b. KIND OF BUSINESS OR INDUSTRY \_\_\_\_\_

11. BIRTHPLACE (State or foreign country) Germany

12. CITIZEN OF WHAT COUNTRY? 4

13a. FATHER'S NAME Graebe 13b. MOTHER'S MAIDEN NAME \_\_\_\_\_

14. NAME OF HUSBAND OR WIFE Single

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) \_\_\_\_\_ (If yes, give war or dates of service) \_\_\_\_\_

16. SOCIAL SECURITY NO. \_\_\_\_\_

17. INFORMANT'S SIGNATURE OR NAME Brother Graebe ADDRESS De Soto Mo

18. CAUSE OF DEATH  
Enter only one cause per line for (a), (b), and (c)

**MEDICAL CERTIFICATION**

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH\* (a) Arteriosclerotic heart disease

ANTECEDENT CAUSES  
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.  
DUE TO (b) Parkinsonism

DUE TO (c) \_\_\_\_\_

II. OTHER SIGNIFICANT CONDITIONS  
Conditions contributing to the death but not related to the disease or condition causing death.

INTERVAL BETWEEN ONSET AND DEATH  
10 years  
8 years

19a. DATE OF OPERATION \_\_\_\_\_ 19b. MAJOR FINDINGS OF OPERATION \_\_\_\_\_

20. AUTOPSY? YES  NO

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) \_\_\_\_\_

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) \_\_\_\_\_ 21e. INJURY OCCURRED WHILE AT WORK  NOT WHILE AT WORK

21f. HOW DID INJURY OCCUR? Hit

22. I hereby certify that I attended the deceased from 6-2-50 to 6-17-50, 1950, that I last saw the deceased alive on 6-17-50, 1950, and that death occurred at 4:05 A. m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) G.M. Ahern M.D. 23b. ADDRESS 1325 S. Grand, St. Louis 4, Mo. 23c. DATE SIGNED \_\_\_\_\_

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial 24b. DATE June 21 1950 24c. NAME OF CEMETERY OR CREMATORY St. Joseph's 24d. LOCATION (City, town, or county) (State) St. Louis, Mo.

DATE REC'D BY LOCAL REG. JUN 20 1950 REGISTRAR'S SIGNATURE J. B. Basater 25. FUNERAL DIRECTOR'S SIGNATURE J. J. Quinn ADDRESS 1389 Union Blvd.

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

**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 \_\_\_\_\_

working under my personal supervision.

Student Embalmer No. ....

Signed \_\_\_\_\_

*J. Allen Lewis*

Signed.....  
Student Embalmer

Licensed Embalmer No. 4053

P. O. Address \_\_\_\_\_

**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.