No. 300
10.48

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

FILED MAR 7 1951

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 6136

BIRTH NO. _____ REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003 Registrar's No. 1724

1. PLACE OF DEATH
a. COUNTY St. Louis Mo.
b. CITY OR TOWN St Louis (If outside corporate limits, write RURAL and give township)
c. LENGTH OF STAY (in this place)
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) 5017 Ridge Ave.,

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE MISSOURI b. COUNTY St. Louis, Mo.
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) 6 St.Louis 2769 0
d. STREET ADDRESS (If rural, give location) 5017 Ridge Av.City

3. NAME OF DECEASED (Type or Print) a. (First) George b. (Middle) c. (Last) Grafe

4. DATE OF DEATH (Month) (Day) (Year) /20/51

5. SEX male

6. COLOR OR RACE white

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) married

8. DATE OF BIRTH May 15, 1878

9. AGE (In years last birthday) 72 IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

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

10b. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country) Germany 4

12. CITIZEN OF WHAT COUNTRY? USA.

13a. FATHER'S NAME Charles Grafe

13b. MOTHER'S MAIDEN NAME Henrietta Schulte

14. NAME OF HUSBAND OR WIFE Mae Grafe

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. 197-07-2066

17. INFORMANT'S SIGNATURE OR NAME aMae Grafe **ADDRESS** 5017 Ridge City

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.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Myocarditis, Aortic Insufficiency — INTERVAL BETWEEN ONSET AND DEATH: 5 yrs

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b) Hypertension

DUE TO (c) Arteriosclerosis, General

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 ☐ 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) St. Louis (COUNTY) (STATE) Missouri

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m. —

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR? —

HH

22. *I hereby certify that I attended the deceased from* 2/26/, 1945, *to* 2/20/, 1951, *that I last saw the deceased alive on* 2/20/, 1951, *and that death occurred at* 2:15 P. m., *from the causes and on the date stated above.*

23a. SIGNATURE Anthony J. Vitale **(Degree or title)** M.D. **23b. ADDRESS** 3861 St. Louis Ave **23c. DATE SIGNED** 2/21/51

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial **24b. DATE** 2/23/51 **24c. NAME OF CEMETERY OR CREMATORY** Laurel Hill Gardens **24d. LOCATION** (City, town, or county) St.Louis Co.Mo. (State)

DATE REC'D BY LOCAL REG. FEB 21 1951 REGISTRAR'S SIGNATURE J. B. Lacater

25. FUNERAL DIRECTOR'S SIGNATURE Sullivan Fun.Dir. **ADDRESS** 2849 N.Euclid

(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.....

.....,

working under my personal supervision.

Student Embalmer No.....

Signed Robert J. Brinkman

Signed.....
Student Embalmer

Licensed Embalmer No. 8253

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.