

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

26002

FILED AUG 3 1953

State File No.

BIRTH NO. REG. DIST. NO. 310 PRIMARY REG. DIST. NO. 3058 Registrar's No. 172

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

1. PLACE OF DEATH a. COUNTY St. Charles		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY St. Louis	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Charles		c. LENGTH OF STAY (In this place) 4 WKS	c. CITY OR TOWN Ferguson
d. FULL NAME OF HOSPITAL OR INSTITUTION St. Joseph's Hospital		d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
3. NAME OF DECEASED (Type or Print) a. (First) FRANK b. (Middle) GRAFF c. (Last) 		4. DATE OF DEATH (Month) (Day) (Year) July 28, 1953	
5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed	8. DATE OF BIRTH Oct. 27, 1885
9. AGE (In years last birthday) 67		10. MONTHS 9	11. DAYS 1
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Teamster		10b. KIND OF BUSINESS OR INDUSTRY self employed	
11. BIRTHPLACE (City and State or Foreign Country) Blackjack, St. Louis Co. Mo.		12. CITIZEN OF WHAT COUNTRY? USA	
13a. FATHER'S NAME Frank Graff		13b. MOTHER'S MARDEN NAME (Uninown) Buenger	
14. NAME OF HUSBAND OR WIFE Mathilda Graff (Dec'd)			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No		16. SOCIAL SECURITY NO. None	
17. INFORMANT'S SIGNATURE OR NAME Irwin Graff		ADDRESS Ferguson, Mo.	
MEDICAL CERTIFICATION			
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, asthma, etc. It means the disease, injury, or complication which caused death.		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Massive Pulmonary Infarction	
		ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Right Femoral Arteriosclerosis	
		DUE TO (c) Obesity	
		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 466X	
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" 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)			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	
21f. HOW DID INJURY OCCUR			
22. I hereby certify that I attended the deceased from July 6, 1953 , to July 28, 1953 , that I last saw the deceased alive on July 28, 1953 , and that death occurred at 9 P. m. , from the causes and on the date stated above.			
23a. SIGNATURE (Degree or title) Vincent A. Schneider M.D.		23b. ADDRESS St. Charles, Mo.	
23c. DATE SIGNED 7/29/53			
24a. BURIAL, CREMATION, REMOVAL (Specify)		24b. DATE 7/31/53	
24c. NAME OF CEMETERY OR CREMATORY Salem Lutheran Cem.		24d. LOCATION (City, town, or county) (State) St. Louis Co., Mo.	
DATE REC'D BY LOCAL REG. July 29, 1953		REGISTRAR'S SIGNATURE Wm. Hamilton	
52. SIGNATURE White Chapel		ADDRESS Ferguson, Missouri	

MAY 24 1955

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.....
Signature of Student Embalmer

Signed *Eleanora Boince*

Licensed Embalmer No...3403..

P. O. Address Jennings, 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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.