

No. 300  
10.48

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

44756

State File No. ....

FILED DEC 21 1953

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 317 PRIMARY REG. DIST. NO. 500 Registrar's No. 3109

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

1. PLACE OF DEATH a. COUNTY <u>St. Louis</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Mo.</u> b. COUNTY <u>St. Louis</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Riverview</u>		c. CITY OR TOWN <u>Riverview</u>	d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input type="checkbox"/>
c. LENGTH OF STAY (In this place) <u>4 Mon.</u>		e. STREET ADDRESS (If rural, give location) <u>214 Midlothian Rd.</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION: <u>214 Midlothian Rd.</u>		e. STREET ADDRESS (If rural, give location) <u>214 Midlothian Rd.</u>	

3. NAME OF DECEASED (Type or Print) <u>CHRISTIAN</u>	a. (First)	b. (Middle)	c. (Last) <u>GRAEFF</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>Dec. 3 1953</u>
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5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	8. DATE OF BIRTH <u>March 14, 1876</u>	9. AGE (In years last birthday) <u>77</u>	10. UNDER 1 YEAR Months	11. UNDER 1 YEAR Days	12. UNDER 1 MIN. Hours	13. UNDER 1 MIN. Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Iron Moulder (Retired 6 Years) IRON</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>IRON</u>	11. BIRTHPLACE (City and State or Foreign Country) <u>Belleville, Ill.</u>	12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>
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13a. FATHER'S NAME <u>John Graeff</u>	13b. MOTHER'S MAIDEN NAME <u>Mary Gerold</u>	14. NAME OF HUSBAND OR WIFE <u>Amelia Graeff</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 NUMBER <u>489-09-67854</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Amelia Graeff</u>	18. ADDRESS <u>214 Midlothian Rd.</u>
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18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c))  <i>Things not mean immediate dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.</i>	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cardiac failure</u>		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Sclerosis - Cor Pulmonale</u> DUE TO (c) <u>Gen Atherosclerosis</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 <u>5230</u>	20. AUTOPSY? YES <input type="checkbox"/> NO <input 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) m.	21e. INJURY OCCURRED WHILE AT WORK <input 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 12/2, 1953, to 12/8, 1953, that I last saw the deceased alive on 12/3, 1953, and that death occurred at 11:20 A.M., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>John B. Meyer M.D.</u>	23b. ADDRESS <u>401 Humboldt Bldg</u>	23c. DATE SIGNED <u>12/4/53</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removal (Rail)</u>	24b. DATE <u>12-5-1953</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Greenwood Mem. Pk. Cem.</u>	24d. LOCATION (City, town, or county) (State) <u>San Diego, Cal.</u>
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DATE REC'D BY LOCAL REG. <u>12-4-53</u>	REGISTRAR'S SIGNATURE <u>Herbert P. Donke M.D.</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>Kriegshauser</u>	ADDRESS <u>4228 S. Kingshighway Bl.</u>
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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 *Edwin A. G. Herriott*

Licensed Embalmer No. *3024*

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.  
If this body is not embalmed, fact should be so stated above.

THE STATE BOARD OF HEALTH OF MISSOURI  
BUREAU OF VITAL STATISTICS

State File No. 44756

State of Mo.  
County of St. Louis } ss.

AFFIDAVIT FOR CORRECTION OF A RECORD

Local Registrar's No. ....

On this 22nd day of Dec., 1953, 194..., before me appears  
Mrs. C. Graeff, who, upon her oath, states that the original record of ~~###~~ death  
for Christian Graeff ~~###~~ died Dec. 3, 1953, 19..., in the State of  
Missouri, and which was filed at Clayton, Mo. ~~###~~ on Dec. 4, 1953, should be corrected as follows:

Item No. 16 should read 489-09-6785A

Instead of None

Item No. .... should read .....

Instead of .....

Item No. .... should read .....

Instead of .....

Item No. .... should read .....

Instead of .....

Item No. .... should read .....

Instead of .....

Item No. .... should read .....

Instead of .....

Item No. .... should read .....

Instead of .....

Item No. .... should read .....

Instead of .....

Item No. .... should read .....

Instead of .....

The above is true to the best of my knowledge, information and belief.

(SEAL) Affiant Mrs C Graeff Wife  
Relationship.

430-47th St. San. Diego (2) Cal.  
Present Address.

Subscribed and sworn to before me this 22<sup>nd</sup> day of December, 1953

My Commission expires June 71, 1955 Edwin M. Herwitz Public.

NO FEE  
ENCLOSED  
DEC 24 1953

S-44756