

FILED APR 30 1956

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH 1003

14589
State File No. 3695

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

1. PLACE OF DEATH
a. COUNTY _____

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

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

c. CITY OR TOWN St. Louis

d. Is Residence within limits of a city or incorporated town? Yes No

d. FULL NAME OF HOSPITAL OR INSTITUTION 5424 Partridge Ave.

e. STREET ADDRESS (If rural, give location) 5424 Partridge Ave. 2079

3. NAME OF DECEASED (Type or Print)
a. (First) August b. (Middle) _____ c. (Last) Grahn

4. DATE OF DEATH (Month) (Day) (Year)
April 12 1956

5. SEX male

6. COLOR OR RACE white

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

8. DATE OF BIRTH July 4 1873

9. AGE (In years last birthday) 82 IF UNDER 1 YEAR Months Days IF UNDER 2 HRS. Hours Min.

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

10b. KIND OF BUSINESS OR INDUSTRY retired

11. BIRTHPLACE (City and State or Foreign Country) Germany

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13a. FATHER'S NAME August Grahn

13b. MOTHER'S MAIDEN NAME Gruplaben

14. NAME OF HUSBAND OR WIFE Wilhelmina Grahn

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

16. SOCIAL SECURITY NO. 493 07 0660

17. INFORMANT'S SIGNATURE OR NAME ADDRESS
a. Wilhelmina Grahn 5424 Partridge

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, asphyxia, etc. It means the disease, injury, or complication which caused death.

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) _____
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 9 years

19a. DATE OF OPERATION _____

19b. MAJOR FINDINGS OF OPERATION 420.0

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

22. I hereby certify that I attended the deceased from 4-10-1956, to 4-12-1956, that I last saw the deceased alive on April 12, 1956, and that death occurred at 1:30 p.m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) [Signature] M.D.

23b. ADDRESS 539 No. Grand Blvd.

23c. DATE SIGNED 4-13-56

24a. BURIAL, CREMATION, REMOVAL (Specify) Cremation

24b. DATE 4/14/56

24c. NAME OF CEMETERY OR CREMATORY Valhalla Crematory

24d. LOCATION (City, town, or county) (State) St. Louis County Mo.

DATE REC'D BY LOCAL REG. APR 14 1956

REGISTRAR'S SIGNATURE [Signature]

25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Buchholz Mortuary 5967 W. Florissant

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, Student Embalmer No..... working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed *Walter A. Buschholz*.....

Licensed Embalmer No. *245*.....

P. O. Address *St. Louis*.....

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.