

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

17916

State File No.

FILED JUN 11 1956

318

1003

Registrar's No. 4400

BIRTH NO. _____		REG. DIST. NO. _____		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 <u>Missouri</u> b. COUNTY <u>St. Louis</u>			
b. CITY OR TOWN <u>St. Louis</u>		c. LENGTH OF STAY (in this place) <u>4 dys</u>		c. CITY OR TOWN <u>4561 Shrewsbury</u>		d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>St. John's Hosp.</u>				e. STREET ADDRESS (If rural, give location) <u>7827 Grove Ave.</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>Henry</u>			b. (Middle) _____		c. (Last) <u>Graf</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>May 1 1956</u>
5. SEX <u>M</u>	6. COLOR OR RACE <u>W</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	8. DATE OF BIRTH <u>July-20, 1879</u>		9. AGE (In years last birthday) <u>76</u>	IF UNDER 1 YEAR Months _____ Days _____	IF UNDER 1 HRS. Hours _____ Min. _____
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Retired Pattern Maker</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Scullen Steel Co.</u>		11. BIRTHPLACE (City and State or Foreign Country) <u>St. Louis, Mo.</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
13a. FATHER'S NAME <u>Frank Graf</u>			13b. MOTHER'S MAIDEN NAME <u>Margaret Zeiris</u>		14. NAME OF HUSBAND OR WIFE <u>Lottie Graf</u>		
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 NO. <u>492-09-3495</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Henry J. Graf RR 1, Fenton, Mo.</u>			
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. I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Massive subdural hematoma</u> ANTECEDENT CAUSES <u>suffered on fall at home</u> DUE TO (b) <u>4/27/56 - about - 6° Pm</u> DUE TO (c) <u>Accident</u> II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. _____				MEDICAL CERTIFICATION <u>Massive subdural hematoma</u> <u>Massive subdural hematoma</u>		INTERVAL BETWEEN ONSET AND DEATH <u>24 hrs</u>	
19a. DATE OF OPERATION <u>4/28</u>		19b. MAJOR FINDINGS OF OPERATION <u>Massive subdural hematoma rt. lobe of brain</u>				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT SOURCE <u>Home</u>		21b. PLACE OF INJURY (e.g., in or about home, farm, industry, street, office bldg., etc.) <u>Home</u>		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>9040</u>			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.) _____		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? <u>-21</u>			
22. I hereby certify that I attended the deceased from <u>4/28</u> , 19 <u>56</u> , to <u>5/1</u> , 19 <u>56</u> , that I last saw the deceased alive on <u>5/1</u> , 19 <u>56</u> and that death occurred at <u>10:42 Pm.</u> , from the causes and on the date stated above.							
23a. SIGNATURE <u>E. A. Smolik</u> (Degree or title) _____				23b. ADDRESS <u>Beaumont Med. Bldg. Beaumont</u>		23c. DATE SIGNED <u>5/4/56</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>May 5, 1956</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Calvary Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>St. Louis, Mo.</u>	
DATE REC'D BY LOCAL REG. <u>MAY 4 1956</u>		REGISTRAR'S SIGNATURE <u>Carl Smith</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Holmeister Colonial Mortuary 6464 Chippewa St. St. Louis, Mo.</u>			

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

DECEMBER 11 1917

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 *Lewis C. Hoffmeister*

Licensed Embalmer No. 3877

P. O. Address 7814 S. 13th

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.