THE DIVISION OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

20967

STATE FILE NUMBER

FILED JUN 19 1956

Registration District No. 162 Primary Registration District No. 5595 Registrar's No. 50

1. PLACE OF DEATH
a. COUNTY JEFFERSON
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN ROCK TOWNSHIP — Inside Limits Yes ☐ No ☑
c. FULL NAME OF HOSPITAL OR INSTITUTION (If NOT in hospital, give location) NEAR OTTOVILLE Mo — Length of stay in 1b 3 YRS.

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Mo b. COUNTY JEFFERSON
c. CITY OR TOWN R.R NEAR OTTOVILLE Mo — Inside Limits Yes ☐ No ☑
d. STREET ADDRESS (If outside, give location) ROCK TOWNSHIP — Reside on Farm Yes ☐ No ☑

3. NAME OF DECEASED (Type or print) First AGATHA Middle M. Last GRAF

4. DATE OF DEATH Month JUNE Day 7 Year 1956

5. SEX F.

6. COLOR OR RACE W.

7. MARRIED ☒ NEVER MARRIED ☐ WIDOWED ☐ DIVORCED ☐

8. DATE OF BIRTH JULY 23, 1887

9. AGE (In years last birthday) 68 — 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) HOUSEWIFE

10b. KIND OF BUSINESS OR INDUSTRY HOME

11. BIRTHPLACE (City and state or country) ST. LOUIS Mo

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

13. FATHER'S NAME Louis ROSER

14. MOTHER'S MAIDEN NAME BARBARA (UNKNOWN)

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) NO — (If yes, give war or dates of service) NONE

16. SOCIAL SECURITY NO. NONE

17. INFORMANT FRANK GRAF Address HOUSE SPRINGS Mo.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).]

PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) Myocarditis, chronic — INTERVAL BETWEEN ONSET AND DEATH 3 months
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) Arteriosclerosis — 1 year
DUE TO (c)

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) 4221

19. WAS AUTOPSY PERFORMED? YES ☐ NO ☐

20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)

20c. TIME OF INJURY Hour a. m. p. m. Month, Day, Year

20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

20e. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

20f. CITY, TOWN, OR LOCATION COUNTY STATE

21. I attended the deceased from 5-2-56, to 6-7-56 and last saw her/him alive on 6-1-56
Death occurred at _____ m on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) M. R. Wilucki M.D.

22b. ADDRESS 8916 Gravois

22c. DATE SIGNED 6-7-56

23a. BURIAL, CREMATION, REMOVAL (Specify) REMOVAL

23b. DATE JUNE 8.56

23c. NAME OF CEMETERY OR CREMATORY SS PETER & PAUL

23d. LOCATION (City, town, or county) (State) ST. LOUIS Mo

24. FUNERAL DIRECTOR GEBKEN-BENZ ADDRESS ST. LOUIS Mo

25. DATE RECD. BY LOCAL REG. June 10, 1956

26. REGISTRAR'S SIGNATURE Ruth Jissa

HEILIGTAG-IMPERIAL Mo. (Licensed Embalmer's Statement on Reverse Side)

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

Diseases in Part I must be casually related. Coroner cannot certify to a death due to natural causes.

JEFFERSON COUNTY HEALTH DEPT.
HILLSBORO, MISSOURI
DATE RECEIVED
JUN 14 1956

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was e

by me, or by ....., Student Embalmer No.....

working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed Arthur W. Kelly

Licensed Embalmer No.....

P. O. Address Imperial

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING.
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.