FILED JUL 1 1957

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

'57 023096 STATE FILE NUMBER

Registration District No. 312 Primary Registration District No. 545 Registrar's No. 1431

1. PLACE OF DEATH
a. COUNTY St. Louis,
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Maplewood — Inside Limits Yes X No ☐
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Maplewood Nursing Home, — Length of stay in 1b 5½ Yrs

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Arkansas b. COUNTY Lawrence
c. CITY OR TOWN Walnut Ridge — Inside Limits Yes X No ☐
d. STREET ADDRESS (If outside, give location) — Reside on Farm Yes ☐ No X

3. NAME OF DECEASED (Type or print): First Susie Middle Julia Last Graff
4. DATE OF DEATH Month June Day 4 Year 1957
5. SEX Female
6. COLOR OR RACE White
7. MARRIED ☐ NEVER MARRIED ☐ WIDOWED X DIVORCED ☐
8. DATE OF BIRTH July 31, 1865
9. AGE (In years last birthday) 91 — 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 At Home
11. BIRTHPLACE (City and state or country) Herman, Missouri
12. CITIZEN OF WHAT COUNTRY? U.S.A.
13. FATHER'S NAME Fritz Kirsch
14. MOTHER'S MAIDEN NAME Hannah Grable
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) No. (If yes, give war or dates of service) Nil.
16. SOCIAL SECURITY NO. None
17. INFORMANT Josephine Ashcraft, Address 5601 Bancroft,

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) Arteriosclerotic Heart Disease — INTERVAL BETWEEN ONSET AND DEATH over 6 yrs
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) ____ DUE TO (c) ____
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) 4200
19. WAS AUTOPSY PERFORMED? YES ☐ NO X
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 Oct 29, 1956 to June 4, 1957 and last saw her alive on June 4, 1957. Death occurred at 6 30 p. m on the date stated above; and to the best of my knowledge, from the causes stated.
22a. SIGNATURE Jamie B. Jones (Degree or title) MD
22b. ADDRESS 337 W Lockwood Webster Groves 19, Mo
22c. DATE SIGNED 6-6-57
23a. BURIAL, CREMATION, REMOVAL (Specify) Removal
23b. DATE 6-4-57
23c. NAME OF CEMETERY OR CREMATORY Lawrence County Memorial
23d. LOCATION (City, town, or county) (State) Walnut Ridge, Arkansas
24. FUNERAL DIRECTOR Albert H. Hoppe ADDRESS 4700 Washington,
25. DATE RECD. BY LOCAL REG. 6-6-57
26. REGISTRAR'S SIGNATURE Herbert B. Donkelmann

(Licensed Embalmer's Statement on Reverse Side)

Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed. All diseases in Part I must be casually related. Coroner cannot certify to a death due to natural causes.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

STATEMENT BY LICENSED EMBALMER

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

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

working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed. Elmo R. Sadwel

Licensed Embalmer No. 40

P. O. Address St. Lou

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.