THE DIVISION OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

59-007151

STATE FILE NUMBER 2 1936

FILED MAR 10 1959 Registration District No. _____ Primary Registration District No. _____ Registrar's No. _____

1. PLACE OF DEATH
a. COUNTY
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN: ST. Louis — Inside Limits Yes [X] No [ ]
c. FULL NAME OF HOSPITAL OR INSTITUTION (If NOT in hospital, give location): Cochran V. A. Hosp. D.O.A. — Length of stay in 1b

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE: Missouri
b. COUNTY
c. CITY OR TOWN: St. Louis — Inside Limits Yes [X] No [ ]
d. STREET ADDRESS (If outside, give location): 6930 Hi View — Reside on Farm Yes [ ] No [X]

3. NAME OF DECEASED (Type or print): First: Richard Middle: A. Last: Graef
4. DATE OF DEATH: Month February Day 23 Year 1959
5. SEX: Male
6. COLOR OR RACE: Caucasian
7. MARRIED [X] NEVER MARRIED [ ] WIDOWED [ ] DIVORCED [ ]
8. DATE OF BIRTH: Feb. 19, 1897
9. AGE (In years last birthday): 62 — 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): Mill Sup't
10b. KIND OF BUSINESS OR INDUSTRY: Luggage Business
11. BIRTHPLACE (City and state or country): St. Louis, Missouri
12. CITIZEN OF WHAT COUNTRY? USA
13a. FATHER'S NAME: August Graef
13b. MOTHER'S MAIDEN NAME: Lizzie Venz
14. NAME OF HUSBAND OR WIFE: Mrs. Sylvian C. Graef
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown): Yes (If yes, give wars or dates of service): World War 1 & II
16. SOCIAL SECURITY NO.: 492-03-4305
17. INFORMANT: Mrs. Sylvian C. Graef, Address: 6930 Hi View, St. Loui

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) Rupture of Esophagus — INTERVAL BETWEEN ONSET AND DEATH: 4 hours
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b) Violent Vomiting
DUE TO (c) Arteriosclerosis — 7 years
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a): 450.0
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 Aug 21 1952, to Feb 23, 1959 and last saw him alive on Feb 23, 1959.
Death occurred at 10:00 A.M. on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE: John G Matthews (Degree or title) MD
22b. ADDRESS: 3707 Watson Rd
22c. DATE SIGNED: 2-24-59

23a. BURIAL, CREMATION, REMOVAL (Specify): Burial
23b. DATE: 2-23-1959
23c. NAME OF CEMETERY OR CREMATORY: Resurrection
23d. LOCATION (City, town, or county) (State): St. Louis County

24. FUNERAL DIRECTOR: HOFFMEISTER COLONIAL MORTUARY — ADDRESS: 6464 Chippewa St. St. Louis (Licensed Embalmer's Statement on Reverse Side)
25. DATE RECD. BY LOCAL REG.: FEB 24 '59
26. REGISTRAR'S SIGNATURE: Hoard Smith, M.D.

All diseases in Part I must be causally related. USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

Mr. John Matthews 3707 Walton Rd.

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 John S. Dennett

Licensed Embalmer No. 4194

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.