

Missouri DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

63-038294

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

STATE FILE NUMBER

Registration District No. 317 Primary Registration District No. 500 Registrar's No. 2920

DO NOT WRITE ON THIS STUB AMENDED

VS 300 Rev. 4/59

4031  
24008

3

4 0

5 1

6

7 1

8 2

9332XH

10

11

12 43-2

13

DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS INSTEAD OF

ITEM NO. SHOULD READ

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

FILED OCT 10 1963

1. PLACE OF DEATH  
a. COUNTY **Saint Louis**

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)  
a. STATE **Missouri** COUNTY **St. Louis**

b. CITY OR TOWN **Normandy** Length of stay in 1b **3 days**

c. CITY OR TOWN **St. Louis Jennings** Inside Limits Yes  No

c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION **Normandy Osteopathic Hosp.** Inside Limits Yes  No

d. STREET ADDRESS **7062 Idlewild** (If outside, give location) Reside on Farm Yes  No

3. NAME OF DECEASED (Type or print) First **Julius** Middle **H** Last **Graf**

4. DATE OF DEATH Month **Sept.** Day **18,** Year **1963**

5. SEX **Male** 6. COLOR OR RACE **White** 7. Married  Never Married  Widowed  Divorced

8. DATE OF BIRTH **2-4-1895** 9. AGE (last birthday) **68**

IF UNDER 1 YEAR Months Days Hours Min. IF UNDER 24 HR

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

10b. KIND OF BUSINESS OR INDUSTRY **automobile**

11. BIRTHPLACE (City and state or country) **Illinois**

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

13a. FATHER'S NAME **Fredrick Graf** 13b. MOTHER'S MAIDEN NAME **Frances Knowles** 14. NAME OF HUSBAND OR WIFE **Anita Graf**

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

16. SOCIAL SECURITY NO. [redacted] 17. INFORMANT Address **Anita Graf - 7062 Idlewild**

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)  
PART I. DEATH WAS CAUSED BY:  
IMMEDIATE CAUSE (a) **Medullary Failure**  
DUE TO (b) **Encephalomalacia**  
DUE TO (c) **Arterio Sclerosis**  
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) **Abdominal Carcinomatosis**

PART III. If deceased was female was there a pregnancy in last 90 days.  Yes  No  Unknown

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 **9-18-63** to **9-18-63** and last saw her/him alive on **9-18-63**  
Death occurred at **8:15 p.m.** on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) **J. C. Olson M.D.** 22b. ADDRESS **7824 Natnal Bldg. St. Louis** 22c. DATE SIGNED **9-19-63**

23a. BURIAL, CREMATION, REMOVAL (Specify) **burial** 23b. DATE **September 21, 1963** 23c. NAME OF CEMETERY OR CREMATORY **Laurel Hill** 23d. LOCATION (City, town, or county) (State) **St. Louis County Missouri**

24. FUNERAL DIRECTOR ADDRESS **BUCHHOLZ MORTUARY-5967 W. Florissant Ave.** 25. DATE RECD. BY LOCAL REG. **9-19-63** 26. REGISTRAR'S SIGNATURE **John B. Murphy M.D.**

USE BLACK INK OR TYPEWRITER RIBBON

signature

name

x

name of deceased

autopsy

auto worker

Trancee Knowles

Frederick Gray

Miss Gray - 7025 10th St

1030 10th St

yes

REC 11 1950

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 Wilfred Buchholz

Licensed Embalmer No. 4551

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.