

No. 2
4-13-40
5-17-39
I X23159

FILED AUG 28 1941

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State File No. _____

Registration District No. _____

Primary Registration District No. _____

Registrar's No. **6102**

1. PLACE OF DEATH:

(a) County _____
(b) City or town St. Louis
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
Alexian Bros. Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____
(Specify whether years, months or days) 0

3. (a) PRINT FULL NAME Rolla Graf

3. (b) If veteran, name war Unknown 3. (c) Social Security No. 490-18-1158

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Single

6. (b) Name of husband or wife Single 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased Feb. 11 1900
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
41 5 13 hr. _____ min.

9. Birthplace Spratt Missouri
(City, town, or county) (State or foreign country)

10. Usual occupation Laborer

11. Industry or business _____

12. Name Frank H. Graf

13. Birthplace Illinois
(City, town, or county) (State or foreign country)

14. Maiden name Lizzy Unknown

15. Birthplace Missouri
(City, town, or county) (State or foreign country)

16. (a) Informant Frank H. Graf

(b) Address Flat River, Mo.

17. (a) Removal (b) Date thereof 7/26/41
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Flat River, Mo.

18. (a) Signature of funeral director Albert H. Hoppe

(b) Address 4700 Washington Ave.

19. (a) JUL 26 1941 (b) [Signature]
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County St. Francois
(c) City or town Flat River
(If outside city or town limits, write "RURAL")
(d) Street No. St. Francois
(If rural, give location)
(e) If foreign born, how long in U. S. A.? 1 years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 27, 1941
year hour 2 minute 15 P. M.

21. I hereby certify that I attended the deceased from July 14, 1941
to July 23, 1941
that I last saw him alive on July 23, 1941
and that death occurred on the date and hour stated above.

Immediate cause of death Coronary Embolus Duration 3 minutes

Due to operation for infected gall bladder (necrotic) and appendicitis
Other conditions (Include pregnancy within 3 months of death) _____

Major findings: duodenal stenosis
Of operations appendectomy - 7-17-41
Of autopsy none

PHYSICIAN _____
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify) none
(b) Date of occurrence _____
(c) Where did injury occur? _____
(City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place?

While at work? _____ (Specify type of place) (e) Means of injury _____
23. Signature [Signature] (M. D. or other) _____
Address 3328 S Grand Date signed 7-25-41

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

00
17
19

[Handwritten mark]

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.....

....., Registered Apprentice No.....
working under my personal supervision.

Signed.....
Robert G. Kopper

Licensed Embalmer No..... *2971*.....

P. O. Address.....

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 this body is not embalmed, fact should be so stated above.