

WHILE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

**MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH**

PLACE OF DEATH _____
 County _____
 Township _____ or _____
 Village _____ or _____
 City St. Louis Mo. (NO. City Hospital St. 19 Ward)

Registration District No. 791 File No. 17716
 Primary Registration District No. 1003 Registered No. 4914

FULL NAME Patrick Grady

[If death occurred in a hospital or institution, give its NAME instead of street and number]

PERSONAL AND STATISTICAL PARTICULARS

SEX <u>male</u>	COLOR OR RACE <u>White</u>	SINGLE MARRIED WIDOWED OR DIVORCED <i>(Write the word)</i> <u>Widowed</u>
DATE OF BIRTH <u>March 15, 1859</u> (Month) (Day) (Year)		
AGE <u>55 yrs. 2 mos. 29 ds.</u>		IF LESS than 1 day, ___ hrs. or ___ min.?
OCCUPATION (a) Trade, profession, or particular kind of work <u>Foundry Wagon Driver</u> (b) General nature of industry, business, or establishment in which employed (or employer) <u>Police Dep. 19th St.</u>		
BIRTHPLACE (City or town, State or foreign country) <u>Ireland</u>		
PARENTS	NAME OF FATHER <u>Grady</u>	
	BIRTHPLACE OF FATHER (City or town, State or foreign country) <u>Ireland</u>	
	MAIDEN NAME OF MOTHER <u>Don't Know</u>	
	BIRTHPLACE OF MOTHER (City or town, State or foreign country) <u>Ireland</u>	

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH May 14, 1914
(Month) (Day) (Year)

I HEREBY CERTIFY, that I attended deceased from _____, 191____, to _____, 191____, that I last saw h_____ alive on _____, 191____, and that death occurred, on the date stated above, at 4:40 P and _____ m.

The CAUSE OF DEATH* was as follows:
Shock and Injuries, due to receiving Electric shock and falling from Ladder to Floor
 (Duration) _____ yrs. _____ mos. _____ ds.

Contributory Accident
 (SECONDARY) (Duration) _____ yrs. _____ mos. _____ ds.

(Signed) J.P. Gurnea
5/16, 1914 (Address) Deputy Coroner

*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal, or Homicidal.

LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)
 At place of death _____ yrs. _____ mos. _____ ds. In the State _____ yrs. _____ mos. _____ ds.

Where was disease contracted if not at place of death?
 Former or usual residence 3036 Cass

THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Mrs. John Newman
 (ADDRESS) 3036 Cass Ave

Filed May 15 1914 Max Starkloff
 REGISTRAR

PLACE OF BURIAL OR REMOVAL <u>Calvary</u>	DATE OF BURIAL <u>5-18</u> , 191 <u>4</u>
UNDERTAKER <u>O'Connell & Kelly</u>	ADDRESS <u>2735 Cass Ave</u>

