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

N. 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

Do not use this space.

42274

File No. .....

Registered No. 11995

**1. PLACE OF DEATH**

County ..... Registration District No. 791

Township ..... Primary Registration District No. 1003

City St. Louis (No. Home for the Aged. St. ..... Ward)

**2. FULL NAME** William Mc. Grath.

(a) Residence. No. 3400 S. Grand Blvd. St., 16 Ward.
(Usual place of abode) (If nonresident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U.S., if of foreign birth? yrs. mos. ds.

**PERSONAL AND STATISTICAL PARTICULARS**

| 3. SEX | 4. COLOR OR RACE | 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) |
|---|---|---|
| Male | White | Single |

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Dont know. 1864.

| 7. AGE YEARS | MONTHS | DAYS | If LESS than 1 day, ..... hrs. or ..... min. |
|---|---|---|---|
| About 65 | | | |

8. OCCUPATION OF DECEASED Retired
(a) Trade, profession, or particular kind of work Shipping Clerk
(b) General nature of industry, business, or establishment in which employed (or employer) unknown
(c) Name of employer unknown

9. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ireland.

PARENTS

10. NAME OF FATHER Dont know

11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY) Dont know.

12. MAIDEN NAME OF MOTHER Dont know.

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY) Dont know.

14. INFORMANT Mary Aylward
(Address) 2258 Nebraska Avenue.

15. FILED DEC 9 1929 19 Ray C. Starke REGISTRAR

**2 MEDICAL CERTIFICATE OF DEATH** 12/8

16. DATE OF DEATH (MONTH, DAY AND YEAR) Dec 8 1929

17. I HEREBY CERTIFY, That I attended deceased from Nov 11, 1929, to Dec 8, 1929, that I last saw him alive on Dec 7, 1929, and that death occurred, on the date stated above, at 3 AM in.

THE CAUSE OF DEATH* WAS AS FOLLOWS: 3 AM

Acute Nephrosis 4 7

(duration) yrs. 1 mos. 0 ds.

CONTRIBUTORY (SECONDARY) Arteriosclerosis

(duration) yrs. 1 mos. 0 ds.

18. WHERE WAS DISEASE CONTRACTED IF NOT AT PLACE OF DEATH? No

DID AN OPERATION PRECEDE DEATH? ..... DATE OF .....

WAS THERE AN AUTOPSY? .....

WHAT TEST CONFIRMED DIAGNOSIS? .....

(Signed) F. B. Borna, M. D.

Dec 9, 1929 (Address) 3145 S. Grand

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

| 19. PLACE OF BURIAL, CREMATION, OR REMOVAL | DATE OF BURIAL |
|---|---|
| SS. Peter & Paul Cemetery | Dec. 10 1929 |

20. UNDERTAKER J. H. Gubler Funeral Co. ADDRESS 2842 Meramec