

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

Do not use this space.

10456

1. PLACE OF DEATH

County Registration District No. **791**
Township Primary Registration District No. **51093**
City **St. Louis** (No. **McGraw Hospital**)

File No.
Registered No. **2505**
St. Ward)

2. FULL NAME

Charles M. Mc Grievy
(a) Residence, No. **3841 Maffett Ave** St. **11** Ward.

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. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

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

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF **Mabel J. Mc Grievy**

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) **Feb 10, 1882**

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.
50 1 3

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. **Salesman 172**
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. **Gibson-BurgProCo**
10. Date deceased last worked at this occupation (month and year) 11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **St. Louis Mo. 1**

13. NAME **John C. Mc Grievy**

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **Philadelphia Pa. 2**

15. MAIDEN NAME **Mary Ann Sullivan**

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **Alton, Illinois**

17. INFORMANT **Mrs. Mabel J. Mc Grievy** (ADDRESS) **3841 Maffett Ave**

18. BURIAL, CREMATION, OR REMOVAL PLACE **Calgary Cemetery** DATE **3-16-1932**

19. UNDERTAKER **Chas. J. ...** (ADDRESS) **4259 ...**

20. FILED **16 1432** Registrar

2 MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) **March 3, 1932**

22. I HEREBY CERTIFY, That I attended deceased from **Jan 1917** to **Mar 12 1932**
I last saw him alive on **Mar 2 1932** Death is said to have occurred on the date stated above, at **1:10** a.m.

The principal cause of death and related causes of importance were as follows:

Cerebral embolism
Date of onset
Arterio-sclerosis ①

Name of operation Date of
What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.

Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? **Yes**
If so, specify **Yes**

(Signed) **Thos. M. Davis** M. D.
(Address) **2424 N. Grand**

Thos. M. Davis

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.

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