

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

Do not use this space.

37914

1. PLACE OF DEATH  
County Missouri Registration District No. 791  
Township St. Louis Primary Registration District No. 10157  
City St. Louis (No. City Hospital #1)

File No. \_\_\_\_\_  
Registered No. 10622  
St. \_\_\_\_\_ Ward \_\_\_\_\_

2. FULL NAME Wm. E. McGrath  
(a) Residence, No. 5542 Janet St. 23 Ward. St. Louis Co. Mo  
(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 <u>Male</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Widowed</u>		
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF _____				
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>June 10 - 1868</u>				
7. AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day, _____ hrs. or _____ min.
<u>64</u>	<u>5</u>	<u>5</u>	<u>18</u>	
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.			
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. <u>Railroad Fireman</u>			
	10. Date deceased last worked at this occupation (month and year) _____		11. Total time (years) spent in this occupation. <u>17</u>	
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Lebanon Ky.</u>				
FATHER	13. NAME <u>Unknown</u>			
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Ireland</u>			
MOTHER	15. MAIDEN NAME <u>Unknown</u>			
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Unknown</u>			
17. INFORMANT (ADDRESS) <u>Edw. J. McGrath</u> <u>5542 Janet</u>				
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>S.S. Peter Paul</u> DATE <u>Dec. 1 1932</u>				
19. UNDERTAKER (ADDRESS) <u>John A. Genteman</u> <u>5092 Elizabeth Ave.</u>				
20. FILED <u>DEC - 1 1932</u> <u>St. Louis</u> Registrar <u>11/30/32</u>				

**MEDICAL CERTIFICATE OF DEATH**

No Physician in Attendance

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Nov. 28 1932

22. I HEREBY CERTIFY, That I attended deceased from \_\_\_\_\_, 19\_\_\_\_, to \_\_\_\_\_, 19\_\_\_\_.

I last saw h \_\_\_\_\_ alive on \_\_\_\_\_, 19\_\_\_\_. Death is said to have occurred on the date stated above, at 7:15 P.M.

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

Hypostatic pneumonia following fractured ribs received in fall down at home stair

Other contributory causes of importance: Accident

1941  
1119 J. W. P. (D)

Name of operation \_\_\_\_\_ Date of \_\_\_\_\_

What test confirmed diagnosis? \_\_\_\_\_ Was there an autopsy? No

23. If death was due to external causes (violence), fill in also the following:  
Accident, suicide, or homicide. St. Louis Mo. Date of injury 11-17 1932  
Where did injury occur? St. Louis Mo. (Specify city or town, county, and State)  
Specify whether injury occurred in industry, in home, or in public place. (H)

Manner of injury fall down stairs  
Nature of injury fractured ribs

24. Was disease or injury in any way related to occupation of deceased? \_\_\_\_\_  
If so, specify \_\_\_\_\_ (Signed) J. W. P. Kerner M.D.  
(Address) 11/30/32

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.

