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

Do not use this space.

18624

File No. 5117

Registered No.

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.

JUN 19 1934

1. PLACE OF DEATH

County

Registration District No. 791

Township

Primary Registration District No. 1003

City St Louis (No. St Johns Hospital St. Ward)

2. FULL NAME Daniel A. McGrath

(a) Residence, No. 3752 So. Grand 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	Married

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Feb. 3 1870

7. AGE Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
64	3	17	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Mgr. Printing Dept.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Simmons Hdw. Co.

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.

FATHER

13. NAME Patrick McGrath

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

MOTHER

15. MAIDEN NAME Mary McDonough

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

17. INFORMANT Mrs. Margaret McGrath
(ADDRESS) 3752 So Grand Blvd

18. BURIAL, CREMATION, OR REMOVAL
PLACE Calvary Cemetery DATE May 23 1934

19. UNDERTAKER Pelz Bros
(ADDRESS) 3024 Lafayette Ave

20. FILED MAY 21 1934 J. J. Biedeck
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) May 20 1934

22. I HEREBY CERTIFY, That I attended deceased from Feb 1932, to May 20 1934

I last saw him alive on May 20 1934. Death is said to have occurred on the date stated above, at 3 a.m.

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

	Date of onset
Retro peritoneal hemorrhage apparently due to Renal infarct	May 19-34

Other contributory causes of importance:

Hypertension, Myocardial Insufficiency, Coronary arteriosclerosis

Name of operation Nephrectomy Date of May 20-34

What test confirmed diagnosis? Operation. Was there an autopsy? No

23. If death was due to external causes (violence), fill in also the following: No

Accident, suicide, or homicide? No 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? No

If so, specify

(Signed) C. Hammond, M. D.

(Address) Well Bldg.