

DEC 3 1936

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

Do not use this space.

43049

1. PLACE OF DEATH

County..... Registration District No. **791**
Township..... Primary Registration District No. **1003**
City **St. Louis** (No. **City Hospital No. 1**)
City **St. Louis** (No. **City Hospital No. 1**)
St. **11624** Ward)

B. **11945**

2. FULL NAME

James McGrath

(a) Residence, No. **2822 South 18th St., 24** Ward. (If nonresident, give city or town and State)
(Usual place of abode)

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 male	4. COLOR OR RACE white	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) single		
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF				
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Mar. 31, 1904				
7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, hrs. or min.
35	32	7	22	
OCCUPATION	8. Trade, profession, or particular kind of work done, as splaner, sawyer, bookkeeper, etc. nil - Chauffeur			
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Unemployed 6 yrs.			
	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 James Mc Grath
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown
MOTHER	15. MAIDEN NAME Unknown
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown
17. INFORMANT (ADDRESS) Hosp/ Infop M.H. Kent City Hospital No. 1	
18. BURIAL, CREMATION, OR REMOVAL PLACE NEW SS Peter & Paul Nov. 25 1936	
19. UNDERTAKER (ADDRESS) Walter Helderle 2331 S. Broadway	
20. FILE NO. NOV 24 1936 J. Predeck Registrar.	

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) **11/22/36** 19
22. I HEREBY CERTIFY, That I attended deceased from **11/14/36**, 19, to **11/22/36**, 19.
I last saw him alive on **11/22/36**, 19. Death is said to have occurred on the date stated above, at **9.50 p.m.**
The principal cause of death and related causes of importance were as follows:

**Chronic Alcoholism
Pneumonia.**

Date of onset

Other contributory causes of importance:

Name of operation **None** Date ofWhat test confirmed diagnosis? **Autopsy** Was there an autopsy? **Yes**

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?

If so, specify

(Signed) **J. Predeck**, M. D.(Address) **City Hospital No. 1**

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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