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.

50M-10-22-36 I X9314

JAN 10 1937

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

Do not use this space.

46793

1. PLACE OF DEATH

County ..... Registration District No. 791

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

File No. ..... Registered No. 12615

City St. Louis, (No. City Hospital No.1 St. ..... Ward)

2. FULL NAME B. 13612 William McGrath

(a) Residence, No. 1240 South Vandeventer St. 18 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): married

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): Sept. 22, 1878

7. AGE: Years 58 | Months 3 | Days 0 | If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: laborer

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

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): Connecticut

FATHER

13. NAME: John McGrath

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Connecticut

MOTHER

15. MAIDEN NAME: Martha ?

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Connecticut

17. INFORMANT (ADDRESS): Hosp. Info. M.H.Kent City Hospital No.1

18. BURIAL, CREMATION, OR REMOVAL
PLACE St. Matthews DATE 12-24, 1936

19. UNDERTAKER (ADDRESS): Kriegshauser Mortuaries 4104 Manchester Ave.

20. FILED DEC 23 1936 J F Bredeck Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): 12/22/36, 19

22. I HEREBY CERTIFY, That I attended deceased from 12/20/36, 19, to 12/22/36, 19

I last saw him alive on 12/22/36, 19 Death is said to have occurred on the date stated above, at 9.45 a m.

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

Carbuncle of neck 93c

Date of onset

Other contributory causes of importance:

Chr. myocarditis

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? 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) John Rehelam M. D.

(Address) City Hospital No.1