APR 9 1937

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

Do not use this space.

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File No. 3387
Registered No.

1. PLACE OF DEATH

County
Township
City St Louis (No. 5709, Saloma Av. St. Ward)

Registration District No.
Primary Registration District No.

2. FULL NAME Wm. P. Mc. Grar

(a) Residence, No. 5709 Saloma Av St., 7 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: 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~~ Elizabeth (Vesting) Mc. Grar

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Aug. 19 - 1862

7. AGE: Years 74 | Months 7 | Days 7 | If LESS than 1 day, ...hrs. or ....min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Flour Miller
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Retired
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) Peoria Ill

FATHER

13. NAME John Mc. Grar
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ireland

MOTHER

15. MAIDEN NAME Unknown
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown

17. INFORMANT Elizabeth Mc. Grar
(ADDRESS) 5709 Saloma Av.

18. BURIAL, CREMATION, OR REMOVAL
PLACE Calvary DATE Mar. 29 1937

19. UNDERTAKER Bromschwig Undt. Co.
(ADDRESS) 4740 W. Florissant Av

20. MAR 27 1937 19 J. F. Bredeck
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Mar 26 1937

22. I HEREBY CERTIFY, That I attended deceased from Feb 22, 1937, to Mar 26, 1937
I last saw h~~e~~im alive on Mar 26, 1937. Death is said to have occurred on the date stated above, at 5 a m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Acute Cardiac dilatation following chronic myocarditis	

Other contributory causes of importance:
Chronic myocarditis
Senility

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?
If so, specify

(Signed) C. B. Kilker, M. D.
(Address) 3121 N Grand Blvd

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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