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.

REC'D SEP 12 1938

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

27153
Do not use this space.
7167

1. PLACE OF DEATH
(a) County ..... Registration District No. .....
(b) Township ..... Primary Registration District No. ..... Registered No. .....
(c) City St. Louis (d) Street No. 5235 Maffitt Ave. St.
(If death occurred in Hospital or Institution, write its name instead of street and number)
(e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME John McGrath 263
(a) Residence, No. 5235 Maffitt Ave. St. 6
(Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

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: Rose McGrath
6. DATE OF BIRTH (MONTH, DAY, AND YEAR): March 5, 1874
7. AGE: YEARS 64 | MONTHS 5 | DAYS 5 | If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc.: Machinist
9. Industry or business in which work was done, as 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): Ill.

FATHER
13. NAME: John McGrath
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Ireland

MOTHER
15. MAIDEN NAME: Bridget Murphy
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Ireland

17. INFORMANT (ADDRESS): Mrs. Rose McGrath, 5235 Maffitt Ave.
18. BURIAL, CREMATION, OR REMOVAL
PLACE: Calvary Cem. DATE: Aug. 13, 1938
19. FUNERAL DIRECTOR (ADDRESS): Arthur J. Donnelly, 3840 Lindell Blvd.
20. FILED: AUG 12 1938 J. F. Budeck, Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): Aug. 10, 1938, 19

22. I HEREBY CERTIFY, That I attended deceased from 2-9, 1938, to 8/10, 1938
I last saw him alive on 8/10, 1938. Death is said to have occurred on the date stated above, at 9:25 PM.
The principal cause of death and related causes of importance were as follows:
Carcinoma of G. B. C.
Date of onset

Other contributory causes of importance:
Toxic effects of Ohane

Name of operation: Exploratory Date of 2-28-38
What test confirmed diagnosis? Ohane 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? No
If so, specify .....
(Signed) Neal J. Tankill, M. D.
(Address) 5914 Delmar

(Licensed Embalmer's Statement on Reverse Side)

5814 Delmar Blvd.

Will stop in to sign.

STATEMENT BY LICENSED EMBALMER

I, ALFRED F. BOEDEKER, Licensed Embalmer No. 2663

hereby certify that the body recorded on the reverse side of this certificate was embalmed by me

L. E.

No. or by Registered Apprentice No.

working under my personal supervision.

Signed Alfred F. Boedeker

Licensed Embalmer No. 2663

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)