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 NOV 16 1938

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

33638
Do not use this space.

1. PLACE OF DEATH
(a) County ..... 1 Registration District No. 791
(b) Township ..... 2 Primary Registration District No. 1003 Registered No. 8624
(c) City St. Louis (d) Street No. Deaconess Hospital 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 263 Joseph P. McGrath
(a) Residence, No. ..... St. KR Atlanta, Georgia.
(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 Edith M. McGrath

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Feb. 11, 1874

7. AGE

| YEARS | MONTHS | DAYS | If LESS than 1 day, ..... hrs. or ..... min. |
|---|---|---|---|
| 64 | 7 | 20 | |

OCCUPATION
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Sec. Georgia Manufacturers Ass.
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) St. Louis, Missouri 0

FATHER
13. NAME Patrick McGrath 5
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ireland 9

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

17. INFORMANT (ADDRESS) Edith M. McGrath Atlanta, Georgia

18. BURIAL, CREMATION, OR REMOVAL
PLACE Valhalla DATE Oct. 4, 1938

19. FUNERAL DIRECTOR (NAME) (ADDRESS) Drehmann Harral 1905 Union Blvd.

20. FILED OCT 3 1938 J F Bredeck, Local Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Oct. 1, 1938

22. I HEREBY CERTIFY, That I attended deceased from 12-24-37, 19..., to 10-1, 1938
I last saw him alive on 11-1, 1938. Death is said to have occurred on the date stated above, at 4 P.m.
The principal cause of death and related causes of importance were as follows:

Mesenteric Sarcoma

Date of onset

Other contributory causes of importance:

Name of operation Laparotomy Date of 6-13-38
What test confirmed diagnosis? Biopsy 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? 1
If so, specify
(Signed) [signature] M.D.
(Address) 1927 [illegible]

(Licensed Embalmer's Statement on Reverse Side)

## STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, _____

_____, or by _____

Registered Apprentice No._____, working under my personal supervision.

Signed R M Sandford

Licensed Embalmer No. 2273

P. O. Address St Louis

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

**If this body is not embalmed, above space should be left blank.**