

JAN 11 1939

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS 791
CERTIFICATE OF DEATH

41372
Do not use this space.

1. PLACE OF DEATH

(a) County St. Louis Registration District No. 1008
(b) Township St. Louis Primary Registration District No. _____ Registered No. 11064
(c) City St. Louis (d) Street No. 4644 Leduc 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. 9 How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME

(a) Residence, No. 4644 Leduc St St. (If nonresident, give city or town and State)
(Usual place of abode, if no street address, write county or city)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widowed
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF _____
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) July 15 1873
7. AGE YEARS 65 MONTHS 5 DAYS 8 If LESS than 1 day, _____ hrs. or _____ min.
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Unemployed
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) Ireland 5
13. NAME John McGrath
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ireland
15. MAIDEN NAME Marquett Koughlin
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ireland
17. INFORMANT (ADDRESS) Ellen Quinn
4578 Leduc Ave
18. BURIAL, CREMATION, OR REMOVAL PLACE Cathary DATE Dec 26 1938
19. FUNERAL DIRECTOR (NAME) (ADDRESS) J. J. Quinn
1339 Union
20. FILED DEC 25 1938 J. B. Breda
Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Dec 23 1938
22. I HEREBY CERTIFY, That I attended deceased from Dec 19 1938 to Dec 23 1938
I last saw him alive on Dec 23 1938. Death is said to have occurred on the date stated above, at 9:50 PM.
The principal cause of death and related causes of importance were as follows:
Acute myocarditis
caused by arterio
sclerosis
Date of onset 12/19/38
109
Other contributory causes of importance: Hydrostatic Pneumonia unspecified
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? no 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) N. B. Thompson M. D.
(Address) 3108 Leduc Ave

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.

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.....

Licensed Embalmer No. 1591

P. O. Address. 4106^e Botumce

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.)

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