DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

AUG 11 1939

Registration District No. 791

1003

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

Primary Registration District No.

State File No. 24376

Registrar's No. 6649

1. PLACE OF DEATH:

(a) County

(b) City or town St. Louis, Missouri
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: City Hospital
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 5 Days (Specify whether
In this community 50 years
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County

(c) City or town St. Louis
(If outside city or town limits, write "RURAL")

19

(d) Street No. 4367 Delmar Ave
(If rural, give location)

(e) If foreign born, how long in U. S. A.? years.

3. (a) PRINT FULL NAME Wm. McGrath 263

3. (b) If veteran, name war World War

3. (c) Social Security No. Unknown

4. Sex male

5. Color or race white

6. (a) Single, widowed, married, divorced Widowed

6. (b) Name of husband or wife Louise

6. (c) Age of husband or wife if alive — years

7. Birth date of deceased Nov. 16, 1876
(Month) (Day) (Year)

8. AGE: Years 62 | Months 8 | Days 12 | If less than one day hr. min.

9. Birthplace Keokuk (City, town, or county) Iowa (State or foreign country)

10. Usual occupation Watchman

11. Industry or business P. W. A

FATHER
12. Name Edw. McGrath
13. Birthplace London (City, town, or county) England (State or foreign country)

MOTHER
14. Maiden name Mary Brennan
15. Birthplace Saratoga (City, town, or county) New York (State or foreign country)

16. (a) Informant's own signature Anna Van Rongelen
(b) Address City Hospital

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 7/31/39 (Month) (Day) (Year)
(c) Place: burial or cremation Calvery Cemetery

18. (a) Signature of funeral director A. W. McLaughlin
(b) Address 2301 Lafayette Avenue

19. (a) JUL 29 1939 (Date received local registrar) J. F. Bredick (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 28
year 1939 hour 10:20 minute A. M.

21. I hereby certify that I attended the deceased from July 24, 1939, to July 28, 1939;
that I last saw him alive on July 28, 1939;
and that death occurred on the date and hour stated above.

Immediate cause of death: Hypertensive heart disease decompensated Pulmonary tuberculosis

Due to: Emphysema pulmonary Interstitial septal

Due to: Aspirit

Other conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy As above

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify)
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place?
(Specify type of place)
While at work? (e) Means of injury

23. Signature Jas. Z. Davis (M. D. or other)
Address City Hospital Date signed 7/28/39

(Licensed Embalmer's Statement on Reverse Side)

WHITE PLAINLY—USE UNFADING BLACK INK—MAKE 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.

1 X19511

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 Paul A. Keith

Licensed Embalmer No. 3612

P. O. Address 2317 Lafayet

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

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