

FILED MAY 19 1942 791

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Registration District No. _____

Primary Registration District No. _____

1. PLACE OF DEATH:

(a) County _____
(b) City or town St. Louis
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
Alexian Bros
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____
(Specify whether _____)
In this community _____
years, months or days

3. (a) PRINT FULL NAME James McGrath

3. (b) If veteran, name war none 3. (c) Social Security No. none

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced, widowed

6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased not known
(Month) (Day) (Year)

8. AGE: Years about 81 Months _____ Days _____ If less than one day _____ hr. _____ min.

9. Birthplace Silex Mo
(City, town, or county) (State or foreign country)

10. Usual occupation Retired R. R. Car Repairer

11. Industry or business _____

12. Name Timothy McGrath

13. Birthplace Silex Mo
(City, town, or county) (State or foreign country)

14. Maiden name Catherine Clancy

15. Birthplace Ireland
(City, town, or county) (State or foreign country)

16. (a) Informant Chas Burke

(b) Address East St. Louis, Ill.

17. (a) removal (b) Date thereof May 9, 1942
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation East St. Louis

18. (a) Signature of funeral director Chas Burke

(b) Address East St. Louis, Ill.

19. (a) MAY 8 1942 (b) J. F. Budick
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County St. Louis
(c) City or town East St. Louis
(If outside city or town limits, write "RURAL")
(d) Street No. 5043 Highland Ave
(If rural, give location)
(e) If foreign born, how long in U. S. A.? 0 years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 7
year 1942 hour _____ minute _____ M.

21. I hereby certify that I attended the deceased from birth
1942 to May 6, 1942
that I last saw him alive on May 6, 1942
and that death occurred on the date and hour stated above.

Immediate cause of death: Chronic myocarditis?
Due to: _____
Due to: _____
Other conditions: _____
(Include pregnancy within 3 months of death)
Major findings: _____
Of operations: _____
Of autopsy: _____

Duration _____
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?
While at work _____ (Specify type of place) _____
(e) Means of injury _____
3. Signature W. R. Burns (M. D. or other) _____
Address 4406 5th Grand Date signed 5/8/42

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

MOTHER FATHER

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.....

Char M. Burke

Licensed Embalmer No. *2421*

P. O. Address *East St Louis Ill*

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, fact should be so stated above.