V. S. No. 2
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Rev. 5-17-39
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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED JUL 27 1942

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 25332

Registration District No. 784 Primary Registration District No. 106 Registrar's No. 1541

1. PLACE OF DEATH:

(a) County St Louis

(b) City or town Kirkwood (If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: 238 S. Van Buran 1 (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)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County St Louis 96

(c) City or town Kirkwood 4 (If outside city or town limits, write "RURAL")

(d) Street No. 238 S. Van Buran 3 (If rural, give location)

(e) Citizen of foreign country? ..... (Yes or No)

If yes, name country 0

3. (a) PRINT FULL NAME Patrick John McGrath,

3. (b) If veteran, name war ..... 3. (c) Social Security No. .....

4. Sex Male 0 5. Color or race White 6. (a) Single, widowed, married, divorced 9 Widowed

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

7. Birth date of deceased June (Month) 13 (Day) 1857 (Year)

8. AGE: Years 85 Months 1 Days 4 If less than one day ..... hr. ..... min.

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

10. Usual occupation Nil

11. Industry or business .....

FATHER
12. Name James McGrath
13. Birthplace ..... (City, town, or county) Ireland 4 (State or foreign country)

MOTHER
14. Maiden name Unknown
15. Birthplace ..... (City, town, or county) Ireland 4 (State or foreign country)

16. (a) Informant John J. McGrath,

(b) Address 238 S. Van Buran,

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 7-20-1942 (Month) (Day) (Year)

(c) Place: burial or cremation St. Peters, Kirkwood,

18. (a) Signature of funeral director Louis H. Bopp Inc.

(b) Address Kirkwood, Mo.

19. (a) JUL 18 1942 (Date received local registrar) (b) E. S. McGovern (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 17 year 1942 hour 4 25 minute 0 M.

21. I hereby certify that I attended the deceased from May 1, 1942, to July 17, 1942 that I last saw him alive on July 15, 1942 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Chronic Myocarditis	5 yr
Due to	
Due to	
Other conditions Arteriosclerosis (Include pregnancy within 3 months of death)	10 yr

93 h

Major findings:
Of operations .....
Of autopsy .....

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 C. E. Barnett (M.D. or other)

Address 243 W Jefferson 1 Kirkwood Mo Date signed 7-17-42

107 (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 Louis H Bapp

Licensed Embalmer No. 921

P. O. Address Kirkwood Mo

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.