

FILED FEB 4 1944 18

Registration District No. \_\_\_\_\_

Primary Registration District No. \_\_\_\_\_

1003

State File No. \_\_\_\_\_

Registrar's No. \_\_\_\_\_

908

1. PLACE OF DEATH:

(a) County St. Louis  
(b) City or town St. Louis  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution 5091 Ridge 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

3. (a) PRINT FULL NAME Mary Mc Grath  
3. (b) If veteran,  name war \_\_\_\_\_  
3. (c) Social Security No. none

4. Sex Female 5. Color or race Wh 6. (a) Single, widowed, married, divorced 2 widowed  
6. (b) Name of husband or wife Francis X. 6. (c) Age of husband or wife if alive 43 years  
7. Birth date of deceased November 23 1898  
(Month) (Day) (Year)

8. AGE: Years 75 Months 7 Days 5 If less than one day \_\_\_\_\_  
hr. \_\_\_\_\_ min. \_\_\_\_\_

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

10. Usual occupation at home

11. Industry or business \_\_\_\_\_

12. Name unknown

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

14. Maiden name unknown

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

16. (a) Informant James H. Mc Grath

(b) Address 5091 Ridge

17. (a) Burial (b) Date thereof 1-31-44  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Calvary Cem.

18. (a) Signature of funeral director Wm. J. Straub

(b) Address 1225 Wilson Blvd.

19. (a) JAN 29 1944 (b) J. T. Bredich  
(Date received local registrar's report) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County St. Louis  
(c) City or town St. Louis  
(If outside city or town limits, write "RURAL")  
(d) Street No. 5091 Ridge  
(If rural, give location)  
(e) Citizen of foreign country? \_\_\_\_\_ (Yes or No)  
If yes, name country \_\_\_\_\_

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan. day 28  
year 1944 hour 3:25 minute \_\_\_\_\_ P. M.

21. I hereby certify that I attended the deceased from Dec 1 43 to Jan 28 44  
that I last saw him alive on Jan 27 44  
and that death occurred on the date and hour stated above.

Immediate cause of death Coronary Myocarditis  
Duration 1 yr

Due to Senile arteriosclerosis

Due to \_\_\_\_\_

Other conditions Senility  
(Include pregnancy within 3 months of death)

Major findings: Of operations no

Of autopsy no

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? \_\_\_\_\_

While at work? \_\_\_\_\_ (Specify type of place) (e) Means of injury \_\_\_\_\_

23. Signature Wm. J. Straub (M. D. or other)

Address 803 Plymouth Date signed Jan 29 44

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

**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.....

working under my personal supervision.

Registered Apprentice No.....

Signed.....

*John Agnoski*

Licensed Embalmer No.....

*3398*

P. O. Address.....

**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.**