

S. No. 2  
 DM-5-43  
 v. 5-17-39  
 I X38671

THE STATE BOARD OF HEALTH OF MISSOURI  
 STANDARD CERTIFICATE OF DEATH  
 1003

State File No. **35585**  
 Registrar's No. **10550**

**FILED DEC 12 1945**

Registration District No. **318** 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:  
3004a Mt. Pleasant /  
 (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 \_\_\_\_\_  
 (c) City or town St. Louis.  
 (If outside city or town limits, write "RURAL")  
 (d) Street No. 3004a Mt. Pleasant.  
 (If rural, give location)  
 (e) Citizen of foreign country? \_\_\_\_\_ (Yes or No)  
 If yes, name country \_\_\_\_\_

**3. (a) PRINT FULL NAME** Joseph M. McGrath.  
 3. (b) If veteran, name war \_\_\_\_\_ 3. (c) Social Security No. \_\_\_\_\_

**MEDICAL CERTIFICATION**  
 20. DATE OF DEATH: Month Dec. day 3rd.  
 year 1945. hour 7 minute 30 P. M.  
 21. I hereby certify that I attended the deceased from May 25, '45  
 19 \_\_\_\_\_, to Dec. 1 19 45  
 that I last saw him alive on December 1 19 45  
 and that death occurred on the date and hour stated above.

4. Sex M. 5. Color or race W.  
 6. (a) Single, widowed, married, divorced Married  
 6. (b) Name of husband or wife Emma M. McGrath.  
 6. (c) Age of husband or wife if alive 68 years  
 7. Birth date of deceased Nov - 25 - 1872  
 (Month) (Day) (Year)

Immediate cause of death Uraemia  
 Duration 1 week  
 Due to Cardio vascular renal disease 7 mo.  
 Due to \_\_\_\_\_

**8. AGE:** Years Months Days If less than one day  
72 0 8 hr. min.

Other conditions (Include pregnancy within 3 months of death)  
 Major findings: 181  
 Of operations \_\_\_\_\_  
 Of autopsy \_\_\_\_\_

9. Birthplace St. Louis County. (City, town, or county) (State or foreign country)  
 10. Usual occupation Construction Supt.

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 \_\_\_\_\_

**11. Industry or business**  
 12. Name John E. McGrath.  
 13. Birthplace Ireland. (City, town, or county) (State or foreign country)  
 14. Maiden name Bridget Foley.  
 15. Birthplace Ireland. (City, town, or county) (State or foreign country)

23. Signature O A Anderson M.D.  
 Address W. 10th Maryland Date signed 12-14-45

16. (a) Informant Mrs. Emma M. McGrath.  
 (b) Address 3004a Mt. Pleasant  
 17. (a) Burial (b) Date thereof 12-6-45  
 (Burial, cremation, or removal) (Month) (Day) (Year)  
 (c) Place: burial or cremation NEW SS. PETER PAUL  
 18. (a) Signature of funeral director Arthur J. Donnelly  
 (b) Address 3840 Lindbergh Blvd  
 19. (a) DEC 4 (b) 1945 J. F. Bredich  
 (Date received local registrar) (Registrar's signature)

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

10  
7  
9

000  
15-17  
4  
0

MOTHER FATHER

3  
4660  
Woods

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 Stanley Marshall  
Licensed Embalmer No. 2868  
P. O. Address 3840 Lindell

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.