S. No. 2
M—1/47
v. 5-17-39

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

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

MISSOURI DIVISION OF HEALTH

STANDARD CERTIFICATE OF DEATH

FILED MAY 1 1947

Registration District No. 518

Primary Registration District No. 1003

State File No. 15378

Registrar's No. 4010

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: Enroute City Hospital 3
(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 Missouri (b) County 19 000

(c) City or town St. Louis 17
(If outside city or town limits, write "RURAL")

(d) Street No. 3655 Washington Blvd. 9
(If rural, give location)

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

If yes, name country

3. (a) PRINT FULL NAME James F. McGrath

3. (b) If veteran, name war No

3. (c) Social Security No. Unknown

4. Sex Male

5. Color or race White

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

6. (b) Name of husband or wife Unknown

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

7. Birth date of deceased January (Month) 10 (Day) 1887 (Year)

8. AGE: Years 60 Months 3 Days 6 If less than one day hr. min.

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

10. Usual occupation Clerk

11. Industry or business

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

MOTHER
14. Maiden name Margaret O'Leary
15. Birthplace Davenport (City, town, or county) Iowa (State or foreign country)

16. (a) Informant Mrs. V. O. Figge
(b) Address 1101 W 9th., Davenport, Iowa

17. (a) Removal (Burial, cremation, or removal) (b) Date thereof 4-16-47 (Month) (Day) (Year)
(c) Place: burial or cremation Davenport, Iowa

18. (a) Signature of funeral director Albert H. Hoppe
(b) Address 4700 Washington Blvd.

19. (a) APR 17 1947 (Date received local registrar) (b) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 16 year 1947 hour 3 minute 50 P. M.

21. I hereby certify that I attended the deceased from 2 19 to 19;
that I last saw h alive on 19;
and that death occurred on the date and hour stated above.

Immediate cause of death Duration

Due to

Due to

Other conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

PHYSICIAN

Underline the cause of 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 Patrick E. Dwyer (M. D. or other) 3

Address Date signed 4/18/47

Jefferson City Printing Co.

(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 Henry M. Brammer

Licensed Embalmer No. 4200

P. O. Address St Louis 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.