U. S. No. 2
OM—1/47
ev. 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

State File No. 32766

FILED OCT 4 1947

Registration District No. 318

Primary Registration District No. 1003

Registrar's No. 5502

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 4456a Margaretta Ave. 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 Missouri (b) County 000
(c) City or town St. Louis 17
(If outside city or town limits, write "RURAL")
(d) Street No. 4456a Margaretta Ave. 9
(If rural, give location)
(e) Citizen of foreign country? 0 (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME Matthew A. 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 Married 1
6. (b) Name of husband or wife Katherine Lonergan McGrath
6. (c) Age of husband or wife if alive 70 years
7. Birth date of deceased March (Month) 11 (Day) 1872 (Year)

8. AGE: Years 75 Months 6 Days 11 If less than one day hr. min.

9. Birthplace St. Louis (City, town, or county) Missouri (State or foreign country)
10. Usual occupation Accountant
11. Industry or business Telegraph
MOTHER FATHER
12. Name Michael McGrath
13. Birthplace Ireland 4 (City, town, or county) (State or foreign country)
14. Maiden name Margaret McGrath
15. Birthplace Ireland 4 (City, town, or county) (State or foreign country)
16. (a) Informant Katherine McGrath
(b) Address 4456a Margaretta Ave.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 9/25/47 (Month) (Day) (Year)
(c) Place: burial or cremation Calvary
18. (a) Signature of funeral director Stroot-Carroll
(b) Address 4600 Natural Bridge
19. (a) SEP 22 1947 (Date received local registrar) (b) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month Sept. day 22 year 1947 hour 9 min. 40 P M.
21. I hereby certify that I attended the deceased from November, 1946 to Sept 9, 1947 that I last saw him alive on Sept 9, 1947 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Carcinoma lung	6 mo.
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 0
23. Signature [illegible] (M. D. or [redacted])
Address 2324 N. Kingshighway Date signed 9/2/47
Wm. O. McGuire

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 Ben E. Hoffman

Licensed Embalmer No. 4366

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.