JRI DIVISION OF HEALTH – STANDARD CERTIFICATE OF DEATH

FILED VS JUL 26 1960

60-029236
STATE FILE NUMBER

NDED

Registration District No. 517 Primary Registration District No. 500 Registrar's No. 2170

1. PLACE OF DEATH a. COUNTY St. Louis	2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri COUNTY
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN — Length of stay in 1b: 6 weeks	c. CITY OR TOWN St. Louis — Inside Limits: Yes ☒ No ☐
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION 2115 KAPPEL DRIVE Halls Ferry Nursing Home — Inside Limits: Yes ☐ No ☒	d. STREET ADDRESS (If outside, give location) 5116 North 20th St. — Reside on Farm: Yes ☐ No ☐

3. NAME OF DECEASED (Type or print)	First: WILLIAM	Middle: M.	Last: McGRATH	4. DATE OF DEATH	Month: July	Day: 18	Year: 1960
5. SEX: Male	6. COLOR OR RACE: White	7. Married ☐ Never Married ☐ Widowed ☒ Divorced ☐	8. DATE OF BIRTH: 6-16-1877	9. AGE (last birthday): 83	IF UNDER 1 YEAR: Months / Days	IF UNDER 24 HR: Hours / Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Ret. Guard	10b. KIND OF BUSINESS OR INDUSTRY: General Cable Co.	11. BIRTHPLACE (City and state or country): St. Louis, Mo.	12. CITIZEN OF WHAT COUNTRY: U.S.A.				
13a. FATHER'S NAME: William McGrath	13b. MOTHER'S MAIDEN NAME: Bridget O'Brien	14. NAME OF HUSBAND OR WIFE: Rose McGrath, Deceased					
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No	(If yes, give war or dates of service): None	16. SOCIAL SECURITY NO.: 489-16-6508	17. INFORMANT: Mrs. W. Delgman, 1910 E. DeSoto	Address			

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).
PART I. DEATH WAS CAUSED BY:

		INTERVAL BETWEEN ONSET AND DEATH
IMMEDIATE CAUSE (a)	MYOCARDIAL INFARCTION	1 DAY
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b)	ARTERIOSCLEROTIC HEART DISEASE	YEARS
DUE TO (c)	GENERALIZED ARTERIOSCLEROSIS	YEARS

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a): 420.0

PART III. If deceased was female was there a pregnancy in last 90 days. ☐ Yes ☐ No ☐ Unknown

19. WAS AUTOPSY PERFORMED? YES ☐ NO ☒

20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF INJURY Hour a.m. p.m. Month, Day, Year

20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

20f. CITY, TOWN, OR LOCATION COUNTY STATE

21. I attended the deceased from AUG 1958, to 18 JUL 1960 and last saw her him alive on 18 JUL 1960

Death occurred at 1 PM m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE Robert A Mayer MD (Degree or title) — 22b. ADDRESS 950 FRANCIS PLACE CLAYTON 5 Mo — 22c. DATE SIGNED 7/19/6

23a. BURIAL, CREMATION, REMOVAL (Specify): Removal — 23b. DATE: 7-21-1960 — 23c. NAME OF CEMETERY OR CREMATORY: Calvary Cemetery — 23d. LOCATION (City, town, or county) (State): St. Louis, Missouri

24. FUNERAL DIRECTOR: Stock Mortuaries — ADDRESS: 2117 E. Grand Bl. — 25. DATE RECD. BY LOCAL REG.: 7-20-60 — 26. REGISTRAR'S SIGNATURE: John C. Murphy M.D.

(Licensed Embalmer's Statement on Reverse Side)

DOCUMENT

BY AFFIDAVIT OF

MINGL
567 NTS

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by

or by _____, Student Embalmer No._____

working under my personal supervision.

Student_____ Signed Paul A. Wachte

Signature of Student Embalmer

Licensed Embalmer No. 2387

P. O. Address

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to con with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.