

REC'D NOV 13 1939 791

Registration District No.

Primary Registration District No.

1. PLACE OF DEATH:

(a) County 1
 (b) City or town Sr. Louis
 (If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution:
Josephine-Heitkamp Hospital
 (If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution 9 Days
 (Specify whether
 In this community 48 Years
 years, months or days)

8. (a) PRINT FULL NAME Patrick B. McGrath
 8. (b) If veteran, name was Spanish-American
 8. (c) Social Security No. None

4. Sex Male 5. Color or race White
 6. (a) Single, widowed, married, divorced Married
 6. (b) Name of husband or wife Margaret
 6. (c) Age of husband or wife if alive 64 years
 7. Birth date of deceased May 9 1873
 (Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>66</u>	<u>4</u>	<u>28</u>	hr. <u> </u> min. <u> </u>

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

10. Usual occupation Police Officer
St. Louis Metropolitan Police

11. Industry or business 5 Dep't.

12. Name Thomas McGrath

18. Birthplace Ireland
 (City, town, or county) (State or foreign country)

14. Maiden name Bridget BOGHER
 (City, town, or county) (State or foreign country)

16. Birthplace Ireland
 (City, town, or county) (State or foreign country)

18. (a) Informant's own signature Margaret McGrath

(b) Address 1728 Iowa Ave

17. (a) Burial (b) Date thereof October 10 1939
 (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Calvary Cemetery

18. (a) Signature of funeral director Peetz Brothers

(b) Address 3029 Lafayette Ave

19. (a) OCT 9 1939
 (Date received local registrar)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 1
 (c) City or town St. Louis 23
 (If outside city or town limits, write "RURAL")
 (d) Street No. 1728 Iowa Ave
 (If rural, give location)
 (e) If foreign born, how long in U. S. A. 48 years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct day 7
 year 1939 hour 1 minute 05 P. M.

21. I hereby certify that I attended the deceased from Sept 29
29 to Oct 7, 1939;
 that I last saw him alive on Oct 7, 1939
 and that death occurred on the date and hour stated above.

Immediate cause of death Pneumonia. Bunchy 9 days.
(Bilateral. Lower Lobe)
 Duration 9 days

Site of death 17 middle
Pneumococcus type VII

Other conditions Septicemia - Cerebr 124
Respirator. Tonal disease

Major findings: Septicemia - Cerebr 124
Respirator. Tonal disease

Of operations Septicemia - Cerebr 124
Respirator. Tonal disease

Of autopsy Septicemia - Cerebr 124
Respirator. Tonal disease

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)

(b) Means of injury _____

23. Signature J. P. Bogher (M. D. or other) _____

Address 1728 Iowa Ave Date signed 10/7/39

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..... *Wang I Owens*

Licensed Embalmer No..... *2245*

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, above space should be left blank.