

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

1. PLACE OF DEATH:
(a) County St. Louis
(b) City or town St. Louis
(c) Name of hospital or institution:
3808a West Pine Blvd.
(d) Length of stay: In hospital or institution.....
In this community.....

3. (a) PRINT FULL NAME Edna E. McGrath
3. (b) If veteran, name war None
3. (c) Social Security No. None

4. Sex F. 5. Color or race W. 6. (a) Single, widowed, married, divorced S. D
6. (b) Name of husband or wife..... 6. (c) Age of husband or wife if alive..... years

7. Birth date of deceased Sept. 29th., 1876
(Month) (Day) (Year)

8. AGE: Years 65 Months 6 Days 14 If less than one day hr. min.
9. Birthplace St. Louis Mo.
(City, town, or county) (State or foreign country)

10. Usual occupation Journalist

11. Industry or business.....
12. Name Michael K. McGrath
13. Birthplace Ireland
14. Maiden name Catherine Kelly
15. Birthplace Georgia
(City, town, or county) (State or foreign country)

16. (a) Informant Mr. J. K. McGrath
(b) Address 6036 Waterman Ave.
17. (a) Burial (b) Date thereof 4-15-1942
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Calvary
18. (a) Signature of funeral director Walter J. Hennelley
(b) Address 3840 Lindell Blvd.
19. (a) APR 14 1942 (b) J. F. Bredel
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:
(a) State Mo. (b) County.....
(c) City or town St. Louis
(d) Street No. 3808a West Pine Blvd.
(e) Citizen of foreign country?..... (Yes or No)
If yes, name country.....

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month April day 13th.
year 1942 hour 11:30 minute 2 M.
21. I hereby certify that I attended the deceased from Feb.
15, 1942 to Apr. 13, 1942
that I last saw her alive on Apr 13, 1942
and that death occurred on the date and hour stated above.

Immediate cause of death.....
Bacterial Paralysis
Due to.....
Due to.....
Other conditions.....
Major findings:
Of operations.....
Of autopsy.....
PHYSICIAN
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?.....
(d) Did injury occur in or about home, on farm, in industrial place, in public place?
While at work?.....
23. Signature Charles H. Steery (M. D.)
Address Metropolitan Bldg. Date signed 4-14-42

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.