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FEDERAL SECURITY AGENCY
National Office of Vital Statistics
FILED JUN 21 1948

MISSOURI DIVISION OF HEALTH STANDARD CERTIFICATE OF DEATH

State File No. 21119
Registrar's No. 5390

Registration District No. 318

Primary Registration District No. 1003

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: 6036 Waterman
(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

3. (a) PRINT FULL NAME EUGENIA M. GRATH

3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

4. Sex FEMALE 5. Color or race WHITE 6. (a) Single, widowed, married, divorced MARRIED

6. (b) Name of husband or wife JOSEPH K 6. (c) Age of husband or wife if alive 74 years

7. Birth date of deceased MAR 2 1880
(Month) (Day) (Year)

8. AGE: Years 68 Months 3 Days 10 If less than one day hr. min.

9. Birthplace St. Louis Mo. U
(City, town, or county) (State or foreign country)

10. Usual occupation HOUSE WIFE

11. Industry or business _____

12. Name PATRICK MACKLIN

13. Birthplace IRELAND
(City, town, or county) (State or foreign country)

14. Maiden name ANN DAY

15. Birthplace CANADA
(City, town, or county) (State or foreign country)

16. (a) Informant JOSEPH K. Mc GRATH

(b) Address 6036 WATERMAN

17. (a) BURIAL (b) Date thereof JUNE 15 1948
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation CALVARY

18. (a) Signature of funeral director WALTER H. ...

(b) Address 4384 2nd St.

19. (a) JUN 14 1948 (b) J. F. Bredegar
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County _____
(c) City or town St. Louis
(If outside city or town limits, write "RURAL")
(d) Street No. 5 6036 WATERMAN
(If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month JUNE day 12
year 48 hour 10 minute 45 P.M.

21. I hereby certify that I attended the deceased from 6 CT
_____, 1948, to JUNE 12, 1948
that I last saw her alive on 10 JUNE, 1948
and that death occurred on the date and hour stated above.

Immediate cause of death Multiple Cerebral Thrombosis
Due to Cerebral Arteriosclerosis
Multiple Cerebral Thrombosis
Due to Cerebral Arteriosclerosis
Generalized Arteriosclerosis
Other conditions Generalized Arteriosclerosis
(Include pregnancy within 3 months of death)

Duration

PHYSICIAN

Major findings: _____
Of operations _____
Of autopsy None None

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) (c) Means of injury _____
23. Signature Robert E. Koch (M. D. or other) _____
Address 3720 Washington Date signed _____

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

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 *James H. Lammey*
Licensed Embalmer No. *4142*
P. O. Address *St Louis*

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.