

FILED MAY 19 1951

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 18882

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 317 PRIMARY REG. DIST. NO. 3066 Registrar's No. 2171

4003  
0

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

1. PLACE OF DEATH a. COUNTY <u>St. Louis</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>St. Louis</u>	
b. CITY (If outside corporate limits, write RURAL and give township) <u>Kirkwood</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>66 TOWN Kirkwood by city</u>	
c. LENGTH OF STAY (in this place) <u>1 month</u>		4663	
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) <u>U.S. Marine Hospital, Kirkwood Mo</u>		d. STREET ADDRESS (If rural, give location) <u>115 Huntleigh Drive.</u>	
3. NAME OF DECEASED a. (First) <u>Ernest</u> b. (Middle) <u>Michael</u> c. (Last) <u>McGrath</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>May 12 1951</u>	
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	8. DATE OF BIRTH <u>Oct. 6, 1888</u>
9. AGE (In years last birthday) <u>62</u>	10. MONTHS <u>7</u>	11. DAYS <u>6</u>	12. IF UNDER 16 HOURS <u>1</u> MIN. <u>0</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Dentist</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Dentistry</u>	
11. BIRTHPLACE (State or foreign country) <u>Killaloe Ireland</u>		12. CITIZEN OF WHAT COUNTRY? <u>US</u>	
13a. FATHER'S NAME <u>Thomas McGrath</u>		13b. MOTHER'S MAIDEN NAME <u>Bridget Bugler</u>	
14. NAME OF HUSBAND OR WIFE <u>Marion Louise McGrath</u>		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>Yes WW I and II</u>	
16. SOCIAL SECURITY NO. <u>None</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Donald T. McGrath 115 Huntleigh, Kirkwood</u>	
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)  *This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (a) <u>Coronary Arteriosclerosis Acute &amp; Old</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Arteriosclerotic Heart Disease</u> DUE TO (c) <u>Arterial Nephrosclerosis</u> II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death: <u>Chronic cholecystitis &amp; Cholelithiasis?</u>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <u>420.0</u>	
20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>		21a. ACCIDENT SUICIDE HOMICIDE (Specify)	
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	
21f. HOW DID INJURY OCCUR?		22. I hereby certify that I attended the deceased from <u>May 12, 1951</u> , to <u>May 12, 1951</u> , that I last saw the deceased alive on <u>May 12, 1951</u> , and that death occurred at <u>5:15 p.m.</u> , from the causes and on the date stated above.	
23a. SIGNATURE <u>Donald T. McGrath</u> (Degree or title) <u>M.D.</u>		23b. ADDRESS <u>U.S. Marine Hospital, Kirkwood</u>	
23c. DATE SIGNED <u>May 12, 1951</u>		24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	
24b. DATE <u>May 15, 1951</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Galvany Cemetery</u>	
24d. LOCATION (City, town, or county) (State) <u>St. Louis, Mo.</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Frank M. ... 3840 Lindell Blvd.</u>	
DATE REC'D BY LOCAL REG. <u>5-14-51</u>		REGISTRAR'S SIGNATURE <u>Herbert R. ...</u>	

JUN 8 1951

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 \_\_\_\_\_

working under my personal supervision.

Student Embalmer No. ....

Signed

*Thomas R. Fenwick*

Signed.....  
Student Embalmer

Licensed Embalmer No. 3793

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.