

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **26075**
Registrar's No. **6824**

FILED JUL 31 1952

318

1003

BIRTH NO. _____ REG. DIST. NO. _____ PRIMARY REG. DIST. NO. _____

1. PLACE OF DEATH a. COUNTY _____ b. CITY OR TOWN ST. LOUIS (If outside corporate limits, write RURAL and give township)		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE MISSOURI b. COUNTY _____ c. CITY OR TOWN ST. LOUIS 2169 (If outside corporate limits, write RURAL and give township) d. STREET ADDRESS 3312² MINNESOTA (If rural, give location)	
3. NAME OF DECEASED (Type or Print) FRANK a. (First) _____ b. (Middle) _____ c. (Last) MC GRATH		4. DATE OF DEATH (Month) (Day) (Year) JULY 14 1952	

5. SEX MALE	6. COLOR OR RACE WHITE	7. MARRIED-NEVER MARRIED, WIDOWED, DIVORCED (Specify) SINGLE	8. DATE OF BIRTH OCT 2 1882	9. AGE (In years last birthday) 69	IF UNDER 1 YEAR Months _____ Days _____	IF UNDER 4 HRS. Hours _____ Min. _____
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) STOVE MOULDER		10b. KIND OF BUSINESS OR INDUSTRY RETIRED		11. BIRTHPLACE (City and State or Foreign Country) IRELAND		12. CITIZEN OF WHAT COUNTRY? U.S.A.

13a. FATHER'S NAME PATRICK MC GRATH	13b. MOTHER'S MAIDEN NAME KATHERINE GARMAN	14. NAME OF HUSBAND OR WIFE _____
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) NO (If yes, give war or dates of service)	16. SOCIAL SECURITY NO. NO	17. INFORMANT'S SIGNATURE OR NAME ADDRESS ANNE VAHLE 3312² MINNESOTA

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, asphyxia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Native intestinal bleeding cause indeterminate ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) arterosclerotic heart disease DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		INTERVAL BETWEEN ONSET AND DEATH _____
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19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION		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) m.	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR? 4200	

22. I hereby certify that I attended the deceased from 7-4-52, 19__, to 7-14-52, 19__, that I last saw the deceased alive on 7-14-52, 19__, and that death occurred at 1:30^A m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) J.P. Sullivan M.D.	23b. ADDRESS 1515 Lafayette	23c. DATE SIGNED 7-14-52
24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL	24b. DATE JULY 15 1952	24c. NAME OF CEMETERY OR CREMATORY CALVARY CEMETERY

DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE JUL 14 1952	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS W. Thomas Kutsis 3906 Broussis
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(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING 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 _____

Student Embalmer No. _____

working under my personal supervision.

Student
Student Embalmer

Signed James E. Hill

Licensed Embalmer No. 4347

P. O. Address 2906 Harris

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.