

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

34972

FILED OCT 24 1955

State File No. _____

318 1003

8909

BIRTH NO. _____ REG. DIST. NO. _____ PRIMARY REG. DIST. NO. _____ Registrar's No. _____

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis, Mo.		c. LENGTH OF STAY (In this place)		c. CITY OR TOWN St. Louis,	
d. FULL NAME OF HOSPITAL OR INSTITUTION St. Louis, City Hospital		STREET ADDRESS (If rural, give location) 19 3627 Grandel sq. 21410			
3. NAME OF DECEASED (Type or Print) Francis W. McGrath			4. DATE OF DEATH (Month) (Day) (Year) Oct. 9, 1955		
5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Divorced	8. DATE OF BIRTH Dec. 13, 1921	9. AGE (In years last birthday) 33	IF UNDER 1 YEAR Months Days
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Salesman		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and State or Foreign Country) Davenport, Iowa	
12. CITIZEN OF WHAT COUNTRY? U.S.A.					

13a. FATHER'S NAME Bernard McGrath	13b. MOTHER'S MAIDEN NAME Kathleen Winters	14. NAME OF HUSBAND OR WIFE Helen W.
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) Yes W. W. #2	16. SOCIAL SECURITY NO. 498-10-4645	17. INFORMANT'S SIGNATURE OR NAME Mrs. Helen W. Curto, Box 134	ADDRESS Waynesboro, Va.
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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, asthenia, etc. It means the disease, injury, or complication which caused death.	1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <i>Subdural Hematoma</i>		INTERVAL BETWEEN ONSET AND DEATH
	ANTECEDENT CAUSES <i>suffered in fall in hall</i> Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <i>at 3627 Grandel Square, on October 8th, 1955</i> DUE TO (c)		
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <i>Accident</i>	

21a. ACCIDENT (Specify) <i>Accident</i>	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <i>Hotel</i>	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <i>St. Louis Mo</i>
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <i>Oct 8 55 ?</i>	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR? <i>E903.6</i>

22. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that ^{H5} *last* saw the deceased alive on _____, 19____, and that death occurred at *307A* m., from the causes and on the date stated above.

23a. SIGNATURE <i>Patrick C. Taylor Corcoran</i> (Degree or title)	23b. ADDRESS <i>1300 Clark</i>	23c. DATE SIGNED <i>10.13.55</i>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <i>Removal</i>	24b. DATE <i>10-14-55</i>	24c. NAME OF CEMETERY OR CREMATORY <i>Memorial Park</i>	24d. LOCATION (City, town, or county) (State) <i>St. Louis Co., Mo.</i>
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DATE REC'D BY LOCAL REG. <i>OCT 13 1955</i>	REGISTRAR'S SIGNATURE <i>J. Carl Smith</i>	25. FUNERAL DIRECTOR'S SIGNATURE <i>Albert H. Hoppe</i>	ADDRESS <i>4700 Washington.</i>
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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.....
Signature of Student Embalmer

Signed.....
Robert M Murray

Licensed Embalmer No. *3749*

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting. If this body is not embalmed, fact should be so stated above.