

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

Do not use this space.

1. PLACE OF DEATH

County St. Louis
Township St. Louis
City St. Louis

Registration District No. 791
Primary Registration District No. 308
No. 5611 Bartmer

File No. 21930
Registered No. 6076
St. 5 Ward 5

2. FULL NAME

(a) Residence No. 5611 Bartmer St. 5 Ward 5
(Usual place of abode)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U.S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) Married

5A. If MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF

Mary C. McCabe

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Feb. 2 1846

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
82 4 2

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Retired Mfg.

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN)

(STATE OR COUNTRY)

Ireland

10. NAME OF FATHER

Thos. McCabe

11. BIRTHPLACE OF FATHER (CITY OR TOWN)

(STATE OR COUNTRY)

Ireland

12. MAIDEN NAME OF MOTHER

Unknown

13. BIRTHPLACE OF MOTHER (CITY OR TOWN)

(STATE OR COUNTRY)

Unknown

14.

INFORMANT
(Address)

Mary C. McCabe
5611 Bartmer Ave

15.

FILED
JUN -6 1923

Max E. Starkey
REGISTRAR

3 MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) June 4 1928

17. I HEREBY CERTIFY, That I attended deceased from 1st March 1928, to June 4 1928

that I last saw h. 2 m. alive on June 1st 1928, and that death occurred, on the date stated above, at 2:45 p. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Uremia due to
Chronic Nephritis

(duration) 4 yrs. 4 mos. — ds.

CONTRIBUTORY (SECONDARY) mitral Insufficiency
(duration) 2 yrs. — mos. — ds.

18. WHERE WAS DISEASE CONTRAINTED Home

IF NOT AT PLACE OF DEATH.

DID AN OPERATION PRECEDE DEATH? no DATE OF —

WAS THERE AN AUTOPSY? no

WHAT TEST CONFIRMED DIAGNOSIS? Urinalysis

(Signed) J. Jacobson M. D.

, 19 28 Address 5598 Bartmer Ave.

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL

Calvary

20. UNDERTAKER

F. Schumacher

DATE OF BURIAL

6-7 1928

ADDRESS

3013
Meramec

