

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

Do not use this space.

35397

1. PLACE OF DEATH

County..... Registration District No. 791
Township..... Primary Registration District No. 1003
City St. Louis (No. 4508 Clarence) St. Ward)

File No.
Registered No. 10140
St. Ward)

2. FULL NAME

James J. Mc Cabe
(a) Residence. No. 4508 Clarence St., 10 Ward.
(Usual place of abode) (If nonresident, give city or town and State)

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 A. McCabe

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Apr. 15 - 1863

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.
60 5 29

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Packer
(b) General nature of industry, business, or establishment in which employed (or employer).....
(c) Name of employer Pace-Stur & Co

9. BIRTHPLACE (CITY OR TOWN)

(STATE OR COUNTRY) St. Louis Mo

10. NAME OF FATHER Patrick McCabe

11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY) Ireland

12. MAIDEN NAME OF MOTHER Mary Moore

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY) Ireland

14. INFORMANT Mary A. McCabe
(Address) 4508 Clarence

15. Oct 14 1929 Max E. Stankert
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

2 16. DATE OF DEATH (MONTH, DAY AND YEAR) Oct 14 1929
17.

I HEREBY CERTIFY, That I attended deceased from Jun 15 1929, to Oct 14 1929 that I last saw him alive on Oct 14 1929, and that death occurred, on the date stated above, at 10.9 m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Acute dilatation of Heart
93C
95B

(duration) yrs. mos. ds.
CONTRIBUTORY Chronic Myocarditis
(SECONDARY)

(duration) yrs. 10 mos. ds.

18. WHERE WAS DISEASE CONTRACTED

9018
IN OR AT PLACE OF DEATH

DID AN OPERATION PRECEDE DEATH? DATE OF.....
WAS THERE AN AUTOPSY.....

WHAT TEST CONFIRMED DIAGNOSIS?

(Signed) Seth P. Smith M. D.

Oct 14 1929 (Address) 4500 Clarence

*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 DATE OF BURIAL
Calvary Cemetery Oct 17 1929

20. UNDERTAKER ADDRESS
Cullinan Bros 1702 Grand Bl

WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD

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.

