

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

Do not use this space.

29771

1. PLACE OF DEATH

County.....
Township.....
City..... *St. Louis* (No. *963 Laurel ave*)

Registration District No. *791*
1003
Primary Registration District No.

File No.
Registered No. *8806*
St. Ward)

2. FULL NAME

E. Elizabeth Mc Cabe
(a) Residence, No. St., *5* 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 <i>Female</i>	4. COLOR OR RACE <i>white</i>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <i>widowed</i>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <i>William Mc Cabe</i>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <i>unknown 1863</i>		
7. AGE YEARS <i>abh 78</i>	MONTHS <i>unknown</i>	DAYS <i>unknown</i>
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <i>at home</i>	11. Total time (years) spent in this occupation
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.	
	10. Date deceased last worked at this occupation (month and year)	
	12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <i>Ireland</i>	
FATHER	13. NAME <i>unknown Keegan</i>	
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <i>Ireland</i>	
MOTHER	15. MAIDEN NAME <i>unknown Lake</i>	
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <i>Ireland</i>	
17. INFORMANT (ADDRESS) <i>Alice L. Mc Cabe 963 Laurel ave</i>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <i>Calvary Cemetery</i> DATE <i>Aug 19 1931</i>		
19. UNDERTAKER (ADDRESS) <i>Arthur J. Conroy & Sons 2037 West 8th St</i>		
20. FILED <i>Aug 17 1931</i> Registrar.		

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) *Aug 16 1931*

22. I HEREBY CERTIFY, That I attended deceased from *Feb 1 1927* to *Aug 16 1931*

I last saw h. or alive on *Aug 16 1931* Death is said to have occurred on the date stated above, at *2 20 P* m.

The principal cause of death and related causes of importance were as follows:

Carcinoma of urinary bladder

Date of onset *about Jan 27*

Other contributory causes of importance:
525 3 10

Name of operation *None* Date of

What test confirmed diagnosis?

Was there an autopsy? *no*

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide?

Date of injury

Where did injury occur?

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? *no*

If so, specify

(Signed) *Dr. Wm. J. Langan, Jr.* M. D.
(Address) *5807 96th street W.*

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.

Mr. Langston J. H.
5803 Plympton Ave.
Co 0220
11-12

McCabe