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

Do not use this space.

OCT 28 1935

File No. 31489

Registered No. 342

1. PLACE OF DEATH

County: St. Louis — Registration District No. 1123

Township — Primary Registration District No. 6248B

City: Jefferson Barracks (No. Veterans Administration Facility St. Ward)

2. FULL NAME McCabe, Peter A.

(a) Residence, No. 50 Hodges Avenue St., Ward. North Quincy, Mass.
(Usual place of abode) (If nonresident, give city or town and State)

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

PERSONAL AND STATISTICAL PARTICULARS

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

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Mary McCabe

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) June 28, 1896

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, ...hrs. or ....min.
	39	3	-	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Post Office Clerk

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Post Office

10. Date deceased last worked at this occupation (month and year) Unavailable

11. Total time (years) spent in this occupation Unavail

12. BIRTHPLACE (CITY OR TOWN) Dorchester
(STATE OR COUNTRY) Mass.

FATHER

13. NAME Unavailable

14. BIRTHPLACE (CITY OR TOWN) Unavailable
(STATE OR COUNTRY) Unavailable

MOTHER

15. MAIDEN NAME Unavailable

16. BIRTHPLACE (CITY OR TOWN) Unavailable
(STATE OR COUNTRY) Unavailable

17. INFORMANT W. C. Gibson, M.D.
(ADDRESS) Vet. Adm. Facility, Jeff. Brks., Mo.

18. BURIAL, CREMATION, OR REMOVAL
PLACE Quincy Mass. DATE 9/30 - 1935

19. UNDERTAKER C. Hoffmeister U. & L. Co.
(ADDRESS) 7814 So. Broadway

20. FILED Sept. 29 1935 L. Moseley Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) September 28, 1935

22. I HEREBY CERTIFY, That I attended deceased from September 24, 1935, to September 28, 1935

I last saw him alive on September 28, 1935. Death is said to have occurred on the date stated above, at 8:21 a.m.

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

	Date of onset
Pneumonia, lobar, all lobes, right side	Unkn

Other contributory causes of importance:

Name of operation None Date of

What test confirmed diagnosis? History, physical, x-ray and lab. findings Was there an autopsy? No

clinical manifestations.

23. If death was due to external causes (violence), fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

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?

If so, specify

(Signed) W. C. Gibson, M.D. Chief Med. Officer

(Address) Vet. Adm. Facility, Jeff. Brks., Mo.

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.

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

MARGIN RESERVED FOR BINDING

V. S. No. 2
100M-11-24-33

MAR 16 1949