

APR 9 1937

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

Do not use this space.

10506

1. PLACE OF DEATH

County.....
Township.....
City St. Louis (No. DE Paul Hospital)

Registration District No. 791
Primary Registration District No. 1008

File No.....
Registered No. 3080 St. _____ Ward)

2. FULL NAME James A. McCabe

(a) Residence, No. 6024 Etzel Ave., 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 <u>Male</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Married</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Sarah McCabe</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Nov. 30, 1859.</u>		
7. AGE YEARS <u>77</u>	MONTHS <u>3</u>	DAYS <u>18</u>
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Retired City employee</u>		
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)		11. Total time (years) spent in this occupation.

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) New York

13. NAME James McCabe

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

15. MAIDEN NAME Anna McCathey

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

17. INFORMANT Mrs. Sarah McCabe
(ADDRESS) 6024 Etzel Ave.

18. BURIAL, CREMATION, OR REMOVAL
Cincinnati, Ohio. DATE March 21/37.

19. UNDERTAKER Jos. W. Clark
(ADDRESS) 1125 Hodiamont Ave.

20. F. MAR 19 1937 J. Bredeck
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) March 18/37. 19

22. I HEREBY CERTIFY, That I attended deceased from 3-10, 1937, to 3-18, 1937
I last saw him alive on 3-17-37, 19..... Death is said

to have occurred on the date stated above, at 5.15 A.M.
The principal cause of death and related causes of importance were as follows:

Chronic bilateral suppurative nephritis, non-chronic suppurative pyelitis
hypertension
coronemia

Other contributory causes of importance:
137

Name of operation..... Date of.....
What test confirmed diagnosis clinical Was there an autopsy? Yes

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? No
If so, specify.....

(Signed) C. E. T. [Signature] M. D.
(Address) 4218 N. Grand

MARGIN RESERVED FOR BINDING
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.

V. S. NO. 2
100M-35

Dr. Oliver E. Tjoflat,
4218 N. Grand Ave.,
Colfax 4535