V. S. No. 2
M—11-10-39
Rev. 5-17-39
I X21492

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 8742

Registration District No. 791 — Primary Registration District No. 1003 — Registrar's No. 2225

1. PLACE OF DEATH:

(a) County
(b) City or town St. Louis, Mo.
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Firmin Desloge Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution (Specify whether years, months or days)
In this community

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County
(c) City or town Lithium NR
(If outside city or town limits, write "RURAL")
(d) Street No. 0
(If rural, give location)
(e) If foreign born, how long in U. S. A.? years.

3. (a) PRINT FULL NAME Vincent McCabe
3. (b) If veteran, name war Unknown
3. (c) Social Security No. Unknown
4. Sex Male
5. Color or race White
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Genevieve
6. (c) Age of husband or wife if alive 63 years
7. Birth date of deceased Jan. (Month) 8 (Day) 1875 (Year)
8. AGE: Years 65 Months 1 Days 27 If less than one day hr. min.
9. Birthplace St. Mary's (City, town, or county) Missouri (State or foreign country)
10. Usual occupation Laborer
11. Industry or business
FATHER 12. Name James McCabe
13. Birthplace Ireland (City, town, or county) (State or foreign country)
MOTHER 14. Maiden name Sarah Smith
15. Birthplace Ireland (City, town, or county) (State or foreign country)
16. (a) Informant Agnes McCabe
(b) Address 3528 Vista Ave.
17. (a) Removal (Burial, cremation, or removal) (b) Date thereof 3-7-40 (Month) (Day) (Year)
(c) Place: burial or cremation St. Mary's, Mo.
18. (a) Signature of funeral director Albert H. Hoppe
(b) Address 4700 Washington Ave.
19. (a) [redacted] 1940 (b) [illegible]
(Registrar of local registration) (Registrar of vital statistics)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 5 year 1940 hour 4 minute 00 A. M.
21. I hereby certify that I attended the deceased from , 19, to , 19; that I last saw h alive on , 19; and that death occurred on the date and hour stated above.

Immediate cause of death — Duration
Mitral
Due to
Due to Lung. Tuberculosis
Other conditions
(Include pregnancy within 3 months of death)
Major findings:
Of operations
Of autopsy

PHYSICIAN — Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify)
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? (Specify type of place)
While at work? (e) Means of injury
23. Signature Joseph M. Luessen (M. D. or other)
Address Deputy Coroner Date signed

(Licensed Embalmer's Statement on Reverse Side)

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....

....., Registered Apprentice No.....,

working under my personal supervision.

Signed J. G. Sullivan

Licensed Embalmer No. 422

P. O. Address St. Louis Mo

4700 Washington

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, above space should be left blank.