

No. 2  
-4-41  
17-39

X26390

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

FILED NOV 24 1941

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

State File No. 33476

Registration District No. 791

Primary Registration District No. 1003

Registrar's No. 8432

1. PLACE OF DEATH:

(a) County St. Louis  
(b) City or town St. Louis  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution:  
Small Arms Plant, 4300 3/4 Woodfellow  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution \_\_\_\_\_  
(Specify whether \_\_\_\_\_)  
In this community \_\_\_\_\_  
years, months or days

3. (a) PRINT FULL NAME James C. McCabe

3. (b) If veteran, name war World War  
3. (c) Social Security No. 489-10-4807

4. Sex Male 5. Color or race White  
6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Helen Jordan McCabe  
6. (c) Age of husband or wife if alive 45 years

7. Birth date of deceased Sept. 23rd 1893  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
48 1 0 hr. min.

9. Birthplace St. Louis Mo.  
(City, town, or county) (State or foreign country)

10. Usual occupation Boilermaker  
11. Industry or business Small Arms Plant

MOTHER FATHER { 12. Name Patrick McCabe  
13. Birthplace Ireland 4  
(City, town, or county) (State or foreign country)

MOTHER FATHER { 14. Maiden name Elizabeth Cullen  
15. Birthplace Ireland 4  
(City, town, or county) (State or foreign country)

16. (a) Informant Helen Jordan McCabe  
(b) Address 3644a Rutger St. Mulberry Gr.

17. (a) Burial (b) Date thereof 10-28-41  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: burial or cremation National Cemetery

18. (a) Signature of funeral director Kriegshauser Mortuaries  
(b) Address 4228 So. Kingshighway Blvd.

19. (a) OCT 24 1941 (b) J. F. Prebeck  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County St. Louis  
(c) City or town St. Louis Mulberry Gr.  
(If outside city or town limits, write "RURAL")  
(d) Street No. 3644a Rutger St. Route 1  
(If rural, give location)  
(e) Citizen of foreign country? \_\_\_\_\_ (Yes or No)

W. C. ...  
MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct. day 23rd  
year 1941 hour 10:15 minute A.M. M.

21. I hereby certify that I attended the deceased from \_\_\_\_\_  
\_\_\_\_\_ 19\_\_\_\_ to \_\_\_\_\_ 19\_\_\_\_;

that I last saw \_\_\_\_\_ alive on \_\_\_\_\_  
and that death occurred on the date and hour stated above.

Immediate cause of death \_\_\_\_\_  
Coronary Occlusion  
Cardiac Hypertrophy  
Due to \_\_\_\_\_

Due to \_\_\_\_\_  
Other conditions \_\_\_\_\_  
(Include pregnancy within 3 months of death)  
95C

Major findings:  
Of operations \_\_\_\_\_  
Of autopsy \_\_\_\_\_  
958  
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 W. C. ... (M. D. or other) \_\_\_\_\_  
Address \_\_\_\_\_ Date signed 10/24/41

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

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**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

*Ronald K. Lohman*

Licensed Embalmer No.

*3395*

P. O. Address.....

**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, fact should be so stated above.**