

**FILED FEB 4 1943 318**

Registration District No. \_\_\_\_\_ Primary Registration District No. \_\_\_\_\_

1. PLACE OF DEATH:

(a) County St. Louis, Mo

(b) City or town St. Louis  
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:  
BARNES HOSPITAL  
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 9 days (Specify whether \_\_\_\_\_)

In this community \_\_\_\_\_ years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County 009  
17

(c) City or town St. Louis 76  
(If outside city or town limits, write "RURAL")

(d) Street No. 4729 Hammett Place  
(If rural, give location)

(e) Citizen of foreign country? \_\_\_\_\_ (Yes or No)  
If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME Elizabeth Mary McCabe

3. (b) If veteran, name war No

3. (c) Social Security No. Bone

4. Sex Female 5. Color or race White

6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife David McCabe

6. (c) Age of husband or wife if alive 57 years

7. Birth date of deceased June 16, 1887  
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>55</u>	<u>7</u>	<u>11</u>	_____ hr. _____ min.

9. Birthplace Missouri  
(City, town, or county) (State or foreign country)

10. Usual occupation Housewife

11. Industry or business \_\_\_\_\_

MOTHER FATHER { 12. Name Terance O'Brein

13. Birthplace Ireland  
(City, town, or county) (State or foreign country)

14. Maiden name Margret Buckley

15. Birthplace Missouri  
(City, town, or county) (State or foreign country)

16. (a) Informant David McCabe

(b) Address 4729 Hammett Pl.

17. (a) Burial (b) Date thereof Jan. 30/43  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Byrnesville, Mo.

18. (a) Signature of funeral director Jos. W. Clark

(b) Address 1125 Hodiamont Ave.

19. (a) JAN 28 1943 (b) J. F. Brediek  
(Date recorded by local Registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan day 27  
year 1943 hour 1:35 minute \_\_\_\_\_ A. M.

21. I hereby certify that I attended the deceased from Jan 18, 1943, to Jan 27, 1943; that I last saw her alive on Jan 27, 1943; and that death occurred on the date and hour stated above.

Immediate cause of death Empyema, right

Diagnosis Multiple abscesses of liver  
cause of abscesses  
not ascertained

Other conditions \_\_\_\_\_  
(Include pregnancy within 3 months of death)

Major findings:  
Of operations \_\_\_\_\_

Of autopsy As above

Duration \_\_\_\_\_

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? \_\_\_\_\_

While at work? \_\_\_\_\_ (Specify type of place)  
(e) Means of injury \_\_\_\_\_

23. Signature J. F. Brediek (M. D. or other) \_\_\_\_\_

Address BARNES HOSPITAL Date signed 1/27/43

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

APPROX: 1983

---

---

**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 Wilford G Burnley  
Licensed Embalmer No. 4202  
P. O. Address. St. Louis, Mo.

**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.**