S. No. 2
(—1/47
5-17-39

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

#76292
FEDERAL SECURITY AGENCY
National Office of Vital Statistics

FILED OCT 11 '47 318

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 32756 9213

Registration District No. ..... Primary Registration District No. ..... Registrar's No. 1003

1. PLACE OF DEATH:
(a) County .....
(b) City or town St. Louis, Missouri.
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: CITY 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 Mo. (b) County .....
(c) City or town St. Louis
(If outside city or town limits, write "RURAL")
(d) Street No. 5229A Paulian Pl.
(If rural, give location)
(e) Citizen of foreign country? ..... (Yes or No)
If yes, name country .....

3. (a) PRINT FULL NAME MARY MCCABE
3. (b) If veteran, name war .....
3. (c) Social Security No. .....
4. Sex female
5. Color or race white
6. (a) Single, widowed, married, divorced widowed
6. (b) Name of husband or wife Alexander McCabe
6. (c) Age of husband or wife if alive ..... years
7. Birth date of deceased Sept. (Month) 24 (Day) 1857 (Year)
8. AGE: Years 90 Months 0 Days 9 If less than one day ..... hr. ..... min.
9. Birthplace Ireland (City, town, or county) (State or foreign country)
10. Usual occupation Home
11. Industry or business .....
FATHER
12. Name Unknown
13. Birthplace Unknown (City, town, or county) (State or foreign country)
MOTHER
14. Maiden name Unknown
15. Birthplace Unknown (City, town, or county) (State or foreign country)
16. (a) Informant William McCabe
(b) Address 5229A Paulian Pl.
17. (a) Cremation (Burial, cremation, or removal) (b) Date thereof 10-6-47 (Month) (Day) (Year)
(c) Place: burial or cremation Valhalla
18. (a) Signature of funeral director Drehmann-Harral
(b) Address 1905 Union Blvd.
19. (a) OCT 4 1947 (Date received local registrar) (b) J. F. Bradeck (Registrar's signature)

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month Oct. day 3rd year 1947 hour 9:05 minute A M.
21. I hereby certify that I attended the deceased from 8/9/47 to Oct. 3rd 1947 that I last saw her alive on Oct. 3rd 1947 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Myocardial failure	
Due to Myocardial heart disease	
Due to	
Other conditions Senile psychosis, simple dementia (Include pregnancy within 3 months of death)	

Major findings:
Of operations .....
Of autopsy .....

PHYSICIAN
Underline the cause of 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 C. L. Boyd (M. D. or other) 10/3/47
Address 1515 Lafayette Date signed .....

Jefferson City Printing Co. (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 Warren A. Carver

Licensed Embalmer No. 3534

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.