

FILED AUG 28 1948

Registration District No. **378**

Primary Registration District No. **1003**

1. PLACE OF DEATH:

(a) County St. Louis, Missouri.  
(b) City or town St. Louis, Missouri.  
(c) Name of hospital or institution:  
St. Louis City Hospital - Max C. Starkloff  
(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 LEONTINE MCCABE

3. (b) If veteran, name war \_\_\_\_\_ 3. (c) Social Security No. \_\_\_\_\_

4. Sex FEMALE 5. Color WHITE 6. (a) Single, widowed, married, divorced Wid.

6. (b) Name of husband or wife \_\_\_\_\_ 6. (c) Age of husband or wife if alive \_\_\_\_\_ years

7. Birth date of deceased MARCH 18 - 1900  
(Month) (Day) (Year)

8. AGE: 48 Years 5 Months 2 Days If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

9. Birthplace ST LOUIS MO  
(City, town, or county) (State or foreign country)

10. Usual occupation NURSE AID

11. Industry or business JAMES ROLAND

12. Name ST LOUIS MO

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

14. Maiden name \_\_\_\_\_

15. Birthplace ST LOUIS MO  
(City, town, or county) (State or foreign country)

16. (a) Informant JAMES J. McCabe

(b) Address 4171 Surgen Memorial

17. (a) Burial (b) Date thereof 8-23-48  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Calvary Cem

18. (a) Signature of funeral director J. J. Bremer  
(b) Address 3919 S. Grand St.  
AUG 22 1948 (Date received local registrar)

19. (a) \_\_\_\_\_ (b) J. J. Bremer  
(Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Good  
(c) City or town St. Louis (If outside city or town limits, write "RURAL.") 17  
(d) Street No. 4171 Surgen Memorial (If rural, give location) 9  
(e) Citizen of foreign country? NO (Yes or No) 0  
If yes, name country \_\_\_\_\_

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month August day 20th  
year 1948 hour 10 minute 30 P. M.

21. I hereby certify that I attended the deceased from 5/11/48  
\_\_\_\_\_ 19\_\_\_\_, to August 20th, 48

that I last saw her alive on August 20th, 48  
and that death occurred on the date and hour stated above

Immediate cause of death Renewed carcinoma of breast Duration \_\_\_\_\_

Due to Metastases from carcinoma of left breast.

Due to \_\_\_\_\_

Other conditions (Include pregnancy within 3 months of death) 50

Major findings: Of operations \_\_\_\_\_ Of autopsies Metastatic carcinoma, Generalized **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. J. Bremer 1515 Lafayette 8/20/48 (Date signed)  
Address \_\_\_\_\_

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

MOTHER FATHER

**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.....

.....  
working under my personal supervision.

Registered Apprentice No. ....

Signed.....

*J. Allen Davis Jr.*

Licensed Embalmer No. ....

*4053*

P. O. Address.....

*W. P. ...*

**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.**