No. 300
10.48

FILED MAR 28 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

10764

State File No. .....

BIRTH NO. _____ REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003 Registrar's No. 2523

1. PLACE OF DEATH
a. COUNTY
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) St. Louis, Missouri
c. LENGTH OF STAY (in this place)
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) 6423 Devonshire Ave.

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Missouri
b. COUNTY
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) St. Louis 2144
d. STREET ADDRESS (If rural, give location) 6423 Devonshire Ave. 0

3. NAME OF DECEASED (Type or Print) a. (First) MARY E. b. (Middle) MC CABE c. (Last)

4. DATE OF DEATH (Month) MARCH (Day) 14, (Year) 1950

5. SEX female

6. COLOR OR RACE white

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) widowed

8. DATE OF BIRTH 6-29-~~1871~~ 1873

9. AGE (In years last birthday) 78 yrs — IF UNDER 1 YEAR Months Days — IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) housewife

10b. KIND OF BUSINESS OR INDUSTRY --

11. BIRTHPLACE (State or foreign country) Ireland

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13a. FATHER'S NAME unk. Ahearn

13b. MOTHER'S MAIDEN NAME unknown

14. NAME OF HUSBAND OR WIFE Peter A. McCabe, deceased

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no (If yes, give war or dates of service) no

16. SOCIAL SECURITY NO. none

17. INFORMANT'S SIGNATURE OR NAME Mrs. C.M. Halloran, ADDRESS 6423 Devonshire,

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

		INTERVAL BETWEEN ONSET AND DEATH
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a)	Pneumonia Hypostatic	36 hrs
ANTECEDENT CAUSES — *Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.* DUE TO (b)	Hypertension & albuminuria	5 yrs
DUE TO (c)	Hemiplegia	3 days
II. OTHER SIGNIFICANT CONDITIONS — *Conditions contributing to the death but not related to the disease or condition causing death.*	infirmities of age	—

19a. DATE OF OPERATION —

19b. MAJOR FINDINGS OF OPERATION —

20. AUTOPSY? YES ☐ NO ☑

21a. ACCIDENT SUICIDE HOMICIDE (Specify) —

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) —

21c. (CITY, TOWN, OR TOWNSHIP) — (COUNTY) — (STATE) 8/54

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) — — — m.

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR? —

22. *I hereby certify that I attended the deceased from* Mar 12, 1950, *to* Mar 14, 1950, *that I last saw the deceased alive on* Mar 14, 1950, *and that death occurred at* 6 30 P m., *from the causes and on the date stated above.*

23a. SIGNATURE Edward N. Hamtel (Degree or title) M.D.

23b. ADDRESS 1504 So Grand

23c. DATE SIGNED 3/16/50

24a. BURIAL, CREMATION, REMOVAL (Specify) burial

24b. DATE 3-17-1950

24c. NAME OF CEMETERY OR CREMATORY Interment Calvary Cem.

24d. LOCATION (City, town, or county) St. Louis, Missouri (State)

DATE REC'D BY LOCAL REG. MAR 16 1950

REGISTRAR'S SIGNATURE J. B. Lasater

25. FUNERAL DIRECTOR'S SIGNATURE Sullivan Fun. Dir. ADDRESS 2849 No. Euclid Ave

(Licensed Embalmer's Statement on Reverse Side)

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

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.

Student Embalmer No.....

Signed Robert L. Brinkman

Signed.....
Student Embalmer

Licensed Embalmer No. 3553

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.

THE STATE BOARD OF HEALTH OF MISSOURI
BUREAU OF VITAL STATISTICS

State of ..... } ss.
County of ..... }

State File No. 10764.50

AFFIDAVIT FOR CORRECTION OF A RECORD

Local Registrar's No. 2523

On this ..... day of ....., 194...., before me appears .....
....., who, upon ..... oath, states that the original record of ~~birth~~ death
for Mary E. McCabe died ~~born~~ 3-14-1950, 19...., in the State of
Missouri, and which was filed at ..... on ....., 19...., should be corrected as follows:

Item No. 8 should read 6-29-1873
Instead of 6-29-71
Item No. 9 should read Age 76
Instead of .....
Item No. ..... should read .....
Instead of .....
Item No. ..... should read .....
Instead of .....
Item No. ..... should read .....
Instead of .....
Item No. ..... should read .....
Instead of .....
Item No. ..... should read .....
Instead of .....
Item No. ..... should read .....
Instead of .....

The above is true to the best of my knowledge, information and belief.

(SEAL)

Affiant James R. Walsh Fun.
Relationship.

2849 N. Euclid
Present Address.

Subscribed and sworn to before me this 19 day of Nov, 1951

My Commission expires 3-4-53 Ellen Paddock Notary Public.

Affidavits containing erasures will not be accepted; draw one line through error and write above it.

m V. S. 135
DM—8-43
1 X37817