

FILED DEC 29 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

41877

State File No.

BIRTH NO. _____ REG. DIST. NO. 310 PRIMARY REG. DIST. NO. 3058 Registrar's No. 218

1. PLACE OF DEATH
a. COUNTY St. Charles

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE MISSOURI b. COUNTY St. Charles

b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Charles

c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Charles 0923

d. FULL NAME OF HOSPITAL OR INSTITUTION St. Joseph's Home

d. STREET ADDRESS (If rural, give location) 723 Clay Street

3. NAME OF DECEASED
a. (First) Mary b. (Middle) _____ c. (Last) McCabe

4. DATE OF DEATH (Month) (Day) (Year) Dec. 17, 1950

5. SEX F.

6. COLOR OR RACE W.

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) W. 2

8. DATE OF BIRTH Mar. 25, 1862

9. AGE (In years last birthday) 88 Months 0 Days 22 Hours _____ Min. _____

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

10b. KIND OF BUSINESS OR INDUSTRY Housewife

11. BIRTHPLACE (State or foreign country) Missouri 0

12. CITIZEN OF WHAT COUNTRY? U.S.

13a. FATHER'S NAME Martin Fribus

13b. MOTHER'S MAIDEN NAME Unknown

14. NAME OF HUSBAND OR WIFE James McCabe

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

16. SOCIAL SECURITY NO. none

17. INFORMANT'S SIGNATURE OR NAME ADDRESS Mr. John C. Williams, 4137a Shaw Blvd.

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, asphyxia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Uremia
INTERVAL BETWEEN ONSET AND DEATH 24 hrs
ANTECEDENT CAUSES
DUE TO (b) Chronic Cardio-Renal. Dis ?
DUE TO (c) Arterio-sclerosis ?
II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. Senility 442X

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)

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

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 Dec 10, 1950, to Dec. 17, 1950, that I last saw the deceased alive on Dec. 17, 1950 and that death occurred at 9:20 Pm., from the causes and on the date stated above.

23a. SIGNATURE [Signature] (Degree or title) MD

23b. ADDRESS St. Pholes Mo

23c. DATE SIGNED 12-18-50

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

24b. DATE Dec. 20, 1950

24c. NAME OF CEMETERY OR CREMATORY Calvary Cemetery

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

DATE REC'D BY LOCAL REG. Dec 18 1950

REGISTRAR'S SIGNATURE [Signature]

25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS [Signature] 840 Lindell Blvd.

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

23
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File No. _____
DISTRICT HEALTH OFFICE No. 4

DEC 23 1950

RECEIVED

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.....
Student Embalmer

Signed.....

W H Vanmatre

Licensed Embalmer No. 2825

P. O. Address 4340 Lafayette

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.