

FILED FEB 27 1952

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 6584  
Registrar's No. 1176

REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri		b. COUNTY		
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis		2-8-52		
d. FULL NAME OF HOSPITAL OR INSTITUTION St. Louis City Hospital		d. STREET ADDRESS 21 1421 Hogan St.				
3. NAME OF DECEASED (Type or Print) a. (First) Francis		b. (Middle) B.J.		c. (Last) McCabe		
4. DATE OF DEATH (Month) (Day) (Year) Feb. 5, 1952		5. SEX Male		6. COLOR OR RACE White		
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) ever married		8. DATE OF BIRTH July 29, 1879		9. AGE (In years last birthday) 72		
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired Teamster		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) St. Louis, Mo.		
12. CITIZEN OF WHAT COUNTRY? U.S.		13a. FATHER'S NAME Francis B.J. McCabe		13b. MOTHER'S MAIDEN NAME Mary E. Lynn		
14. NAME OF HUSBAND OR WIFE None		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No		16. SOCIAL SECURITY NO. None		
17. INFORMANT'S SIGNATURE OR NAME Mrs. Mary E. Goldsmith		ADDRESS 2225 Jules				
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, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <i>Fr of left humerus when he fell down the steps at Fr Dempsey's Hotel Jan 30 1952 about 800 am</i>				INTERVAL BETWEEN ONSET AND DEATH
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		DUE TO (b) <i>Fr of left humerus when he fell down the steps at Fr Dempsey's Hotel</i>				
DUE TO (c) <i>Jan 30 1952 about 800 am</i>		19a. DATE OF OPERATION				19b. MAJOR FINDINGS OF OPERATION
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>		
21a. ACCIDENT (Specify) <i>Accident</i>		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <i>Hotel</i>		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <i>St Louis Mo</i>		
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <i>Jan 30 52 8:00</i>		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? <i>E9006-45</i>		
22. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at <i>6:15 p.m.</i> , from the causes and on the date stated above.						
23a. SIGNATURE (Degree or title) <i>Patrick E. Taylor, Esq.</i>		23b. ADDRESS <i>-1300 Clark</i>		23c. DATE SIGNED <i>2-6-52</i>		
24a. BURIAL, CREMATION, REMOVAL (Specify) <i>Burial</i>		24b. DATE <i>2-8-52</i>		24c. NAME OF CEMETERY OR CREMATORY <i>Calvary</i>		
24d. LOCATION (City, town, or county) (State) <i>St. Louis, Mo.</i>		25. FUNERAL DIRECTOR'S SIGNATURE <i>Albert H. Hoppe</i>		ADDRESS <i>4700 Washington Blvd.</i>		
DATE REC'D BY LOCAL REG. <i>FEB 6 1952</i>		REGISTRAR'S SIGNATURE <i>Carl Smith, M.D.</i>				

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 \_\_\_\_\_

Student Embalmer No. \_\_\_\_\_

working under my personal supervision.

Student .....  
Student Embalmer

Signed

*Robert M. Murray*

Licensed Embalmer No. *3749*

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.