

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **44353**
Registrar's No. **11329**

FILED DEC 16 1953

BIRTH NO. _____ 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 Mo. b. COUNTY St. Louis	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis, Missouri		c. CITY OR TOWN Rock Hill	d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input type="checkbox"/>
c. LENGTH OF STAY (If in place) 3 WKS		e. STREET ADDRESS (If rural, give location) 901 Tavalon Ave.	
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION Barnes Hospital			

3. NAME OF DECEASED (Type or Print) a. (First) Cecil b. (Middle) Cicero c. (Last) McCaleb			4. DATE OF DEATH (Month) (Day) (Year) November 29, 1953		
5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH 6-12-1908	9. AGE (In years last birthday) 45	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) Electric Service		10b. KIND OF BUSINESS OR INDUSTRY Public Service	11. BIRTHPLACE (City and State or Foreign Country) Gibson Co., Tenn.		12. CITIZEN OF WHAT COUNTRY? USA

13a. FATHER'S NAME Oscar R. McCabe	13b. MOTHER'S MAIDEN NAME Hattie Sellers	14. NAME OF HUSBAND OR WIFE Bernice McCaleb
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No	16. SOCIAL SECURITY NO. (If yes, give war or dates of service) 488-05-8566	17. INFORMANT'S SIGNATURE OR NAME Bernice McCaleb	ADDRESS 901 Tavalon
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18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) <i>*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.</i>	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH 30 minutes 35 years
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Embolus to lungs or brain		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Rheumatic Heart Disease DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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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) 416 X
21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from **NOV 5, 1953**, to **NOV 29, 1953**, that I last saw the deceased alive on **NOV 29, 1953**, and that death occurred at **9:15 P.M.** from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) FR Bradley M.D.	23b. ADDRESS 600 South Kingshighway	23c. DATE SIGNED 11/30/53
24a. BURIAL, CREMATION, REMOVAL (Specify) removal	24b. DATE 12-2-53	24c. NAME OF CEMETERY OR CREMATORY Mt. Lebanon Cemetery
24d. LOCATION (City, town, or county) (State) St. Louis Co., Mo.		

DATE REC'D BY LOCAL REG. DEC 1 1953	REGISTRAR'S SIGNATURE J. Carl Smith	25. FUNERAL DIRECTOR'S SIGNATURE W. Parker-Aldrich	ADDRESS Funeral Home W. Groves, Mo
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(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 Student Embalmer No. working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed.....

Leslie Welch

Licensed Embalmer No. *4395*

P. O. Address *Robster Groves*

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.