

FILED OCT 26 1954

STANDARD CERTIFICATE OF DEATH

State File No.

BIRTH NO. _____ REG. DIST. NO. **318** PRIMARY REG. DIST. NO. **1003** Registrar's No. **9435**

1. PLACE OF DEATH
a. COUNTY _____ 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
a. STATE _____ Mo. b. COUNTY _____

b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN **St. Louis** c. LENGTH OF STAY (In this place) _____ d. CITY OR TOWN **St. Louis** e. Is Residence within limits of a city or incorporated town? Yes No

d. FULL NAME OF HOSPITAL OR INSTITUTION **City Hospital** e. STREET ADDRESS (If rural, give location) **15 4600 S. Main** 2159

3. NAME OF DECEASED a. (First) **William** b. (Middle) _____ c. (Last) **McCabe** 4. DATE OF DEATH (Month) (Day) (Year) **Oct. 18 1954**

5. SEX **Male** 6. COLOR OR RACE **White** 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) **Single** 8. DATE OF BIRTH **Feb. 5 1875** 9. AGE (In years) (Months) (Days) (Hours) (Min.) **79**

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) **Laborer** 10b. KIND OF BUSINESS OR INDUSTRY _____ 11. BIRTHPLACE (City and State or Foreign Country) **Missouri** 12. CITIZEN OF WHAT COUNTRY? _____

13a. FATHER'S NAME **Luke McCabe** 13b. MOTHER'S MAIDEN NAME **Ellen Blank** 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) _____ 16. SOCIAL SECURITY NO. _____ 17. INFORMANT'S SIGNATURE OR NAME **Edna Schumacher** ADDRESS **4146 Wilmington**

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.
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH: **Pneumothorax; Pulmonary Tuberculosis; Gallbladder injury suffered when struck by Missouri Pacific train at tracks at Osceola St. about 7:15 pm Sept 4 1954**
II. OTHER SIGNIFICANT CONDITIONS: **Conditions contributing to the death but not related to the disease or condition causing death**
INTERVAL BETWEEN ONSET AND DEATH _____

19a. DATE OF OPERATION _____ 19b. MAJOR FINDINGS OF OPERATION **Accident** 20. AUTOPSY? YES NO

21a. ACCIDENT (Specify) **Accident** 21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office building, etc.) **R.R. tracks** 21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) **St. Louis Mo**

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) **Sept 4 54 7:15 pm** 21e. INJURY OCCURRED WHILE AT WORK? NOT WHILE AT WORK 21f. HOW DID INJURY OCCUR? **000 E802X**

22. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, and that death occurred at **2:54** m., from the causes and on the date stated above. **35**

23a. SIGNATURE (Print or type) **Patrick P. Taylor, Coroner** 23b. ADDRESS **1300 Clark** 23c. DATE SIGNED **10 18 54**

24a. BURIAL, CREMATION, REMOVAL (Specify) **Removal** 24b. DATE **10-19-1954** 24c. NAME OF CEMETERY OR CREMATORY **Mt. Olive** 24d. LOCATION (City, town, or county) (State) **St. Louis Co. Mo.**

DATE REC'D BY LOCAL REG. **OCT 18 1954** REGISTRAR'S SIGNATURE **Carl Smith** 25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS **Jos. P. Fendler Jr. 7128 Michigan**

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 Not Embalmed Student Embalmer No. working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed Clarence Schow

Licensed Embalmer No. 309

P. O. Address 7128 Mu

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.