

14703

FILED APR 30 1956

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No.

318

1003

3800

BIRTH NO. _____ REG. DIST. NO. _____ PRIMARY REG. DIST. NO. _____ Registrar's No. _____

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) 5-yrs. c. CITY OR TOWN St. Louis d. Is Residence within limits of a city or incorporated town? Yes No

d. FULL NAME OF HOSPITAL OR INSTITUTION St. Ann's Home, 5301 Page Blvd. e. STREET ADDRESS (If rural, give location) 6 5301 Page Blvd. 20670

3. NAME OF DECEASED a. (First) Nellie b. (Middle) F. c. (Last) McCabe 4. DATE OF DEATH (Month) (Day) (Year) April 16, 1956

5. SEX F. 6. COLOR OR RACE W. 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) S. 8. DATE OF BIRTH Jan. 12, 1884 9. AGE (in years last birthday) 72 IF UNDER 1 YEAR Months 3 Days 4 IF UNDER 4 HRS. Hours 4 Min.

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

13a. FATHER'S NAME William F. McCabe 13b. MOTHER'S MAIDEN NAME Elizabeth Keegan 14. NAME OF HUSBAND OR WIFE _____

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 Miss Lorane Judge, 928 Maple Place ADDRESS _____

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) MEDICAL CERTIFICATION INTERVAL BETWEEN ONSET AND DEATH
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Chr. Myocarditis 1 yr
*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.
ANTECEDENT CAUSES DUE TO (b) Arteriosclerosis 10 yrs
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
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 no 19b. MAJOR FINDINGS OF OPERATION _____ 20. AUTOPSY? YES NO

21a. ACCIDENT SUICIDE HOMICIDE (Specify) no 21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) _____ 21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) 422.1

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) _____ 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 Jan 1, 1920, to Apr 16, 1956, that I last saw the deceased alive on Apr 15, 1956, and that death occurred at 2 a.m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) Dr. Mary J. Langan, M.D. 23b. ADDRESS 5803 Phymont St. & Union St. 23c. DATE SIGNED Apr 16/56

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial 24b. DATE April 18, 1956 24c. NAME OF CEMETERY OR CREMATORY Calvary Cemetery 24d. LOCATION (City, town, or county) (State) St. Louis, Missouri

DATE REC'D BY LOCAL REG. APR 17 1956 REGISTRAR'S SIGNATURE Carl Smith UNEMERAL DIRECTOR'S SIGNATURE J. Donnelly ADDRESS 3840 Lindell Blvd.
(Licensed Embalmer's Statement on Reverse Side)

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

4

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 me..... Student Embalmer No.....
working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed [Signature].....

Licensed Embalmer No. 462

P. O. Address 3840 L

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.