

OURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-61-046585

AMENDED

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 11944 STATE FILE NUMBER

FILED JAN 5 1962

1. PLACE OF DEATH a. COUNTY b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN St. Louis Length of stay in lb. Life c. CITY OR TOWN University City Inside Limits Yes [X] No [] d. STREET ADDRESS (If outside, give location) 7136a Forsyth Blvd. Reside on Farm Yes [] No [X]

3. NAME OF DECEASED (Type or print) First Middle Last Charlotte B. McCabe 4. DATE OF DEATH Month Day Year December 20th 1961

5. SEX F. 6. COLOR OR RACE W. 7. Married [] Never Married [X] Widowed [] Divorced [] 8. DATE OF BIRTH 10/20/1873 9. AGE (last birthday) 88 IF UNDER 1 YEAR Months Days IF UNDER 24 HR Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired Sec'y. to Pres. St. L. University 10b. KIND OF BUSINESS OR INDUSTRY St. L. University 11. BIRTHPLACE (City and state or country) St. Louis, Missouri 12. CITIZEN OF WHAT COUNTRY U.S.

13a. FATHER'S NAME Henry McCabe 13b. MOTHER'S MAIDEN NAME Mary McEnnis 14. NAME OF HUSBAND OR WIFE Miss Rosemary McCabe, 7136a Forsyth Blvd.

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 Address Miss Rosemary McCabe, 7136a Forsyth Blvd.

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Branch Pneumonia INTERVAL BETWEEN ONSET AND DEATH 4 days. DUE TO (b) Encephalopathy 332x DUE TO (c) Arteriosclerosis 5 yr.

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) [] PART III. If deceased was female was there a pregnancy in last 90 days. [] Yes [X] No [] Unknown []

19. WAS AUTOPSY PERFORMED? YES [] NO [X] 20a. ACCIDENT [] SUICIDE [] HOMICIDE [] 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF INJURY Hour Month, Day, Year a.m. p.m.

20d. INJURY OCCURRED WHILE AT WORK [] NOT WHILE AT WORK [] 20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) 20f. CITY, TOWN, OR LOCATION COUNTY STATE

21. I attended the deceased from July 1930 to 12-20-61 and last saw her alive on 12-14-61 Death occurred at 5:20 p.m. on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) Carl P. [Signature] M.D. 22b. ADDRESS 18 St. Kings Highway 22c. DATE SIGNED 12-21-61

23a. BURIAL, CREMATION, REMOVAL (Specify) Burial 23b. DATE 12/23/1961 23c. NAME OF CEMETERY OR CREMATORY Calvary Cemetery 23d. LOCATION (City, town, or county) St. Louis Missouri (State)

24. FUNERAL DIRECTOR Arthur J. Donnelly, 3840 Lendice Bldg. ADDRESS 25. DATE RECD. BY LOCAL REG. DEC 21 1961 26. REGISTRAR'S SIGNATURE Carl Smith, M.D.

DATE PREPARED

INSTEAD OF

DOCUMENT

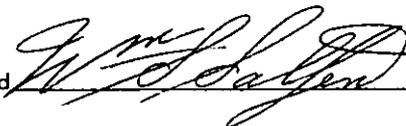
MEDICAL CERTIFICATION

BY AFFIDAVIT OF ITEM NO. SHOULD READ

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  _____

Licensed Embalmer No. 4699
P. O. Address 384 S. Linden

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.