

V. S. No. 2
 10M-8-43
 ev. 5-17-39
 I X37823

32118

DEPARTMENT OF COMMERCE
 BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI
 STANDARD CERTIFICATE OF DEATH

State File No. _____
 Registrar's No. **9272**

FILED NOV 10 1944
 Registration District No. **318**

Primary Registration District No. **1003**

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

1. PLACE OF DEATH:

(a) County _____
 (b) City or town St. Louis
(If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution:
Res: 3945 Magnolia Ave.
(If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution _____
(Specify whether years, months or days)

In this community _____
years, months or days

3. (a) PRINT FULL NAME Jessie A. Cable.

3. (b) If veteran, name war no 3. (c) Social Security No. no

4. Sex <u>Female</u>	5. Color or race <u>White</u>	6. (a) Single, widowed, married, divorced <u>Single</u>
----------------------	-------------------------------	---

6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased June 9th 1859
(Month) (Day) (Year)

8. AGE: - Years <u>85</u>	Months <u>4</u>	Days <u>22</u>	If less than one day hr. _____ min. _____
---------------------------	-----------------	----------------	--

9. Birthplace St. Louis Missouri
(City, town, or county) (State or foreign country)

10. Usual occupation Retired; Public

11. Industry or business school teacher.

MOTHER FATHER

12. Name Isaac C. Cable

13. Birthplace Paducah, Kentucky
(City, town, or county) (State or foreign country)

14. Maiden name Mary Grapevine

15. Birthplace Clairmont Co. Ohio
(City, town, or county) (State or foreign country)

16. (a) Informant Jessie Cable.
 (b) Address 3945 Magnolia Ave.

17. (a) burial (b) Date thereof 11/2/44
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Oak Grove

18. (a) Signature of funeral director C.R. Lupton & Sons
 (b) Address 7233 Delmar Blvd.

19. (a) NOV 1 1944 (b) J.F. Brisch
(Date received local registrar's) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County _____
 (c) City or town St. Louis
(If outside city or town limits, write "RURAL")
 (d) Street No. 3945 Magnolia Ave.
(If rural, give location)

(e) Citizen of foreign country? no (Yes or No)
 If yes, name country _____

17
 17

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct. day 31st
 year 1944 hour 2 minute 15 P. M.

21. I hereby certify that I attended the deceased from June 15, 1943, to Oct 31, 1944
 that I last saw h. er alive on Oct 15, 1944
 and that death occurred on the date and hour stated above.

Immediate cause of death, cardiac failure

Due to chronic myocarditis

Due to Senility

Other conditions none
(Include pregnancy within 3 months of death)

Major findings: none

Of operations none

Of autopsy none

PHYSICIAN
 Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) no

(b) Date of occurrence _____

(c) Where did injury occur? _____
(City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place?
no

While at work? _____ (Specify type of place)
 (c) Means of injury _____

23. Signature W. H. Withers (M. D. or other) _____
 Address October 31 - 48 Date signed _____

(Licensed Embalmer's Statement on Reverse Side)

40 Republication Rd
St. Louis Mo

NOV 28 1941

Dr. W. H. Clithero.

Carlton Bldg.

CH 7152

11 am to 3 P.M.

9272
9272

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.....

....., Registered Apprentice No.....

working under my personal supervision.

Signed Clarence H. Murray

Licensed Embalmer No. 4011

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.