

21699

U.S. DEPARTMENT OF HEALTH, EDUCATION & WELFARE  
DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. \_\_\_\_\_ Registrar's No. 2275

XC-2 915 309  
REG#- 91509 JUN 20 1951

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 317 PRIMARY REG. DIST. NO. 6076

1. PLACE OF DEATH  
a. COUNTY ST. LOUIS  
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN JEFF. BRKS, MISSOURI  
c. LENGTH OF STAY (in this place) 95 Days  
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) VET. ADM. HOSPITAL

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).  
a. STATE MISSOURI b. COUNTY ST. LOUIS  
c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN ST. LOUIS 2199  
d. STREET ADDRESS (If rural, give location) 522A N. VANDEVENTER ST.

3. NAME OF DECEASED  
a. (First) EDWARD b. (Middle) R. c. (Last) MC CABE

4. DATE OF DEATH (Month) (Day) (Year)  
5-25-51

5. SEX MALE

6. COLOR OR RACE WHITE

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) MARRIED

8. DATE OF BIRTH 8-29-97

9. AGE (In years last birthday) 53 If UNDER 1 YEAR: Months \_\_\_\_\_ Days \_\_\_\_\_ If UNDER 1 YEAR: Hours \_\_\_\_\_ Mins. \_\_\_\_\_

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) HOTEL WORK

10b. KIND OF BUSINESS OR INDUSTRY \_\_\_\_\_

11. BIRTHPLACE (State or foreign country) ST. LOUIS, MO.

12. CITIZEN OF WHAT COUNTRY USA

13a. FATHER'S NAME EDWARD LIVINGSTON

13b. MOTHER'S MAIDEN NAME ROSE MC CABE

14. NAME OF HUSBAND OR WIFE GLADYS MC CABE

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) YES

16. SOCIAL SECURITY NO. WW-1

17. INFORMANT'S SIGNATURE OR NAME ADDRESS VET. ADM. HOSPITAL, JEFF. BRKS. MO.

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.

MEDICAL CERTIFICATION  
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH\* (a) ABDOMINAL LYMPHOSARCOMA  
  
ANTECEDENT CAUSES  
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.  
  
DUE TO (b) \_\_\_\_\_  
  
DUE TO (c) \_\_\_\_\_  
  
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 \_\_\_\_\_

20. AUTOPSY? YES  NO

21a. ACCIDENT SUICIDE HOMICIDE (Specify) NONE

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) \_\_\_\_\_

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)  
200.1

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) V.A.

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 2/20 1951, to 5/25, 1951, and that death occurred at 7:45 a.m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) Mary G. Ritchey M.D.

23b. ADDRESS V.A. HOSP. JEFF. BRKS. MO.

23c. DATE SIGNED 5/25/51

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial

24b. DATE May 28, 1951

24c. NAME OF CEMETERY OR CREMATORY National Cemetery

24d. LOCATION (City, town, or county) (State) Jefferson Barracks, Mo.

DATE REC'D BY LOCAL REG. 5-26-51 REGISTRAR'S SIGNATURE Harold R. ...

25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS C. Hoffmeisters U. & L. Co. 781 S. Broadway, St. Louis, Mo.

(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 .....  
Student Embalmer

Signed *Harry J. Schumacher*.....

Licensed Embalmer No. *2679*.....

P. O. Address. *7814 S. Broadway*.....

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.