

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

22310

State File No. ....

5984

FILED JUL 9 1952

REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003 Registrar's No. ....

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis 2239	
d. FULL NAME OF HOSPITAL OR INSTITUTION DOA City Hospital # 1		d. STREET ADDRESS (If rural, give location) 23 2015 So. 2nd. Street	
3. NAME OF DECEASED (Type or Print) a. (First) Dolph b. (Middle) A. c. (Last) Mc Cabe			4. DATE OF DEATH June 25, 1952 (Month) (Day) (Year)
5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH March 13, 1875
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Ret. Carpenter		10b. KIND OF BUSINESS OR INDUSTRY Car foundry	9. AGE (In years last birthday) 77 if UNDER 1 YEAR Months Days if UNDER 10 HRS. Hours Min.
11. BIRTHPLACE (City and State or Foreign Country) Morgan County, Mo.		12. CITIZEN OF WHAT COUNTRY?	
13a. FATHER'S NAME Daniel Mc Cabe		13b. MOTHER'S MAIDEN NAME Phoebe Finley	
14. NAME OF HUSBAND OR WIFE Mantha Mc Cabe		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 ADDRESS Mantha Mc Cabe 2015 So. 2nd. St.	

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)		CORONARY THROMBOSIS		1 MIN(?)
ANTECEDENT CAUSES		CORONARY SCLEROSIS		5 YRS.
*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.		DUE TO (b) MORBID CONDITIONS, if any, giving rise to the above cause (a) stating the underlying cause last.		
		DUE TO (c) ARTERIOSCLEROTIC HEART DISEASE		5 YRS.
II. OTHER SIGNIFICANT CONDITIONS		ESSENTIAL HYPERTENSION		10 YRS.
Conditions contributing to the death but not related to the disease or condition causing death.				

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>
21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR? 4200

22. I hereby certify that I attended the deceased from APRIL 10, 1950, to JUNE 23, 1952, that I last saw the deceased alive on JUNE 23, 1952, and that death occurred at 9:20 a.m., from the causes and on the date stated above.

23a. SIGNATURE Edward J. C... M.D.	23b. ADDRESS 2202 So. Broadway St. L... Mo.	23c. DATE SIGNED 6/26/52
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE June 28/52	24c. NAME OF CEMETERY OR CREMATORY St. Matthews Cem.
24d. LOCATION (City, town, or county) St. Louis, Mo.		24e. (State)

DATE REC'D BY LOCAL REG. JUN 26 1952	REGISTRAR'S SIGNATURE J. Carl Smith, M.D.	25. FUNERAL DIRECTOR'S SIGNATURE Weick Bros. 2201 So. Grand Blvd.	ADDRESS
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

3

Dr Ed Conner  
2202 S Bluff  
11-1

**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 Ronald O. Yohube

Licensed Embalmer No. 13917

P. O. Address St Louis

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.