V.S. No. 300
Rev. 10-48

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

FILED NOV 5 1957

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 37253

BIRTH NO. _____ REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003 Registrar's No. 10194

1. PLACE OF DEATH
a. COUNTY
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) City. St. Louis (township)
c. LENGTH OF STAY (In this place) 4 yrs. 8 mo.
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) 26 St. Louis Chronic Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Mo.
b. COUNTY
c. CITY OR TOWN St. Louis
d. Is Residence within limits of a city or incorporated town? Yes ☐ No ☐
e. STREET ADDRESS (If rural, give location) 4471 Evans Ave.

3. NAME OF DECEASED (Type or Print)
a. (First) Frank
b. (Middle)
c. (Last) Cabell

4. DATE OF DEATH (Month) 10- (Day) 27- (Year) 57.

5. SEX Male
6. COLOR OR RACE Color.
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married
8. DATE OF BIRTH 8-22-1888
9. AGE (In years last birthday) 69 — IF UNDER 1 YEAR: Months 2, Days 5 — IF UNDER 24 HRS.: Hours, Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Watchman
10b. KIND OF BUSINESS OR INDUSTRY None
11. BIRTHPLACE (City and State or Foreign Country) Mo.
12. CITIZEN OF WHAT COUNTRY? USA
13a. FATHER'S NAME Frank L. Cabell
13b. MOTHER'S MAIDEN NAME unk.
14. NAME OF HUSBAND OR WIFE Hattie Mae Cabell
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) Yes — (If yes, give war or dates of service) WW 1
16. SOCIAL SECURITY NO. ?
17. INFORMANT'S SIGNATURE OR NAME Hattie Mae Cabell — ADDRESS 4471 Evans

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, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Carcinoma - Prostate — INTERVAL BETWEEN ONSET AND DEATH 4½ yrs.

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b) _____

DUE TO (c) 177 X

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. Glaucoma - Rt. — 5 mo.

19a. DATE OF OPERATION 5/13/57
19b. MAJOR FINDINGS OF OPERATION Enucleation - O.D. - Glaucoma.
20. AUTOPSY? YES ☐ NO ☑

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 ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 2-25-53, 19____, *to* 10-27-57, 19____, *that I last saw the deceased alive on* 10-27-57, 19____, *and that death occurred at* 9:30 P.M., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title) Wm M. Beckham, M.D.
23b. ADDRESS 5800 Arsenal St.
23c. DATE SIGNED 10/28/57

24a. BURIAL, CREMATION, REMOVAL (Specify) Removal
24b. DATE 11-4-57
24c. NAME OF CEMETERY OR CREMATORY National
24d. LOCATION (City, town, or county) (State) Jefferson Barracks, Missouri

DATE REC'D BY LOCAL REG. OCT 30 57
REGISTRAR'S SIGNATURE J. Earl Smith, M.D. S.P.
25. FUNERAL DIRECTOR'S SIGNATURE Ellis Funeral Home, Inc. — ADDRESS 2820 Stoddard St.

(Licensed Embalmer's Statement on Reverse Side)

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalme

by me, or by ....., Student Embalmer No.....

working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed Fulton E. Culkin

Licensed Embalmer No. 4198

P. O. Address St Louis,

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failu 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.