MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

Do not use this space.

1. PLACE OF DEATH

County ..... Registration District No. 791 1003 File No. 15762

Township St Louis Primary Registration District No. ..... Registered No. 4210

City ..... (No. 3217 N. Dakota St. ..... St. ..... Ward)

2. FULL NAME Edna Babcock

(a) Residence. No. 3217 N. Dakota St., 16 Ward. (If nonresident, give city or town and State)
(Usual place of abode)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female
4. COLOR OR RACE: White
5. SINGLE, MARRIED, WIDOWED OR DIVORCED (*write* the word): Married

5A. IF MARRIED, WIDOWED, OR DIVORCED ~~HUSBAND OF~~ (OR) WIFE OF Guy V. Babcock

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Nov. 7th 1891

7. AGE

YEARS	MONTHS	DAYS	If LESS than 1 day, ... hrs. or ..... min.
39	4	29	

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work House Work 235
(b) General nature of industry, business, or establishment in which employed (or employer) .....
(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) St. Louis
(STATE OR COUNTRY) Mo. 1

PARENTS

10. NAME OF FATHER Jos. Presnell
11. BIRTHPLACE OF FATHER (CITY OR TOWN) .....
(STATE OR COUNTRY) Illinois
12. MAIDEN NAME OF MOTHER Lottie Hass.
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) .....
(STATE OR COUNTRY) Germany.

14. INFORMANT Guy Babcock
(Address) 3217 N. Dakota

15. FILED APR -6 1931, 19.. Max C. Hartley REGISTRAR

MEDICAL CERTIFICATE OF DEATH

2

16. DATE OF DEATH (MONTH, DAY AND YEAR) April 4th 1931

17. I HEREBY CERTIFY, That I attended deceased from March 3rd, 1931, to April 4th, 1931, that I last saw her alive on April 4th, 1931, and that death occurred, on the date stated above, at 7 45 A. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Chronic Endocarditis.
Mitral and aortic insufficiency.
(duration) 13 yrs. mos. ds.

CONTRIBUTORY (SECONDARY) Chronic interstitial nephritis.
(duration) 3 yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED 131 ~~92A~~
IF NOT AT PLACE OF DEATH .....
DID AN OPERATION PRECEDE DEATH? No. DATE OF .....
WAS THERE AN AUTOPSY? No.
WHAT TEST CONFIRMED DIAGNOSIS? Physical examination
(Signed) M. S. Etherton, M. D.
4-6-1931 (Address) 7800 Ivory

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) Whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL: New. St. Marcus
DATE OF BURIAL: April 7th 1931

20. UNDERTAKER: Wm Schumacher
ADDRESS: 3013 Meramec St.

WRITE PLAINLY, WITH UNFADING INK--THIS IS A PERMANENT RECORD

MARGIN RESERVED FOR BINDING

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

V. S. No. 2.

Riv 5274