

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

JAN 10 1938

42904
 Do not use this space.

1. PLACE OF DEATH

(a) County..... Registration District No. **791**
 (b) Township..... Primary Registration District No. **1003**
 (c) City **St. Louis, Missouri** (d) Street No. **City Hospital No. 1** St.
 (If death occurred in Hospital or Institution, write its name instead of street and number)
 (e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME

August Babenhauer
 (a) Residence, No. **6622 Elmer** St. **2**
 (Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX **male** 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 **Unknown**

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) **June 6, 1864**

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
73 5 2-5

OCCUPATION
 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc.
 9. Industry or business in which work was done, as saw mill, bank, etc. **clerk**
 10. Date deceased last worked at this occupation (month and year)
 11. Total time (years) spent in this occupation **13 1/2**

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **Jacksonville, Illinois**

FATHER
 13. NAME **Herman /Babehauer**

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **Germany**

MOTHER
 15. MAIDEN NAME **Sophia Tiemier**

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **Germany**

17. INFORMANT (ADDRESS) **Hosp. Info M. Kent**

18. BURIAL, CREMATION, OR REMOVAL PLACE **NEW ST MARCUS** DATE **12/4** 19**37**

19. FUNERAL DIRECTOR (ADDRESS) **Sullivan 2849 N. Euclid**

20. FILED **12-3** 19**37** **JF Bredeck** Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) **12/ 1/37** 19**37**

22. I HEREBY CERTIFY, That I attended deceased from **10/30/37** 19**37** to **12/1/37** 19**37**

I last saw him alive on **12/1/37** 19**37**. Death is said to have occurred on the date stated above, at **4.45 Pm**.

The principal cause of death and related causes of importance were as follows:

fatal course of nature generally of pneumonia
HOT

Other contributory causes of importance:

Name of operation *Combined abd. periton.*
 What test confirmed diagnosis? *Was there any?*

23. If death was due to external causes (violence), fill in also the following:
 Accident, suicide, or homicide? Date of injury....., 19.....
 Where did injury occur? (Specify city or town, county, and State)
 Specify whether injury occurred in industry, in home, or in public place.

Manner of injury.....
 Nature of injury.....

24. Was disease or injury in any way related to occupation of deceased? If so, specify (Signed) *JF Bredeck* (Address) **City Hospital No. 1**

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

977

1. X12004

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.

STATEMENT BY LICENSED EMBALMER

I, _____, Licensed Embalmer No. 2930

hereby certify that the body recorded on the reverse side of this certificate was embalmed by _____

_____ L. E.

No. _____ or by _____ Registered Apprentice No. _____

working under my personal supervision.

Signed E. H. Sullivan

Licensed Embalmer No. 2930

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.)