DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 24008

REC'D AUG 11 1939

Registration District No. 791 1003

Primary Registration District No.

Registrar's No. 6281

1. PLACE OF DEATH:

(a) County

(b) City or town St. Louis, Mo.
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: St. Louis Children's Hosp'l
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 10 mos. 13 days (Specify whether years, months or days)

In this community 122

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County

(c) City or town St. Louis (If outside city or town limits, write "RURAL")

23

(d) Street No. 2208 S. 7th (If rural, give location)

(e) If foreign born, how long in U. S. A.? years.

3. (a) PRINT FULL NAME Ferdinand Babcock

3. (b) If veteran, name war —

3. (c) Social Security No. —

4. Sex M

5. Color or race W

6. (a) Single, widowed, married, divorced Chied

6. (b) Name of husband or wife Chied

6. (c) Age of husband or wife if alive years

7. Birth date of deceased 12 - 26 - 28 (Month) (Day) (Year)

8. AGE: Years 10 Months 6 Days 18 If less than one day hr. min.

9. Birthplace St. Louis, Mo. 0 (City, town, or county) (State or foreign country)

10. Usual occupation Child 1

11. Industry or business Child 0

FATHER
12. Name Ferdinand Babcock
13. Birthplace Wisconsin (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Edna Seaton
15. Birthplace Mo. (City, town, or county) (State or foreign country)

16. (a) Informant's own signature F. Horpath
(b) Address 509 S. Kingshighway

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 7-17-39 (Month) (Day) (Year)
(c) Place: burial or cremation St Matthews Cem

18. (a) Signature of funeral director Robert J. Hoffmeister
(b) Address 4016 Chippewa

19. (a) JUL 17 1939 (Date received local registrar) (b) J. F. Bredich (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 14 year 1939 hour 3 minute 35 P. M.

21. I hereby certify that I attended the deceased from 9-1, 1938 to 7-14, 1939 that I last saw him alive on 7-14-39, 19; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Chronic Bronchiectasis	3 yrs.
Acute Gangrenous Pericarditis	6 days
Due to (anaerobic streptococcus)	
Due to	
Other conditions (Include pregnancy within 3 months of death) Post Tonsilectomy	

Major findings:
Of operations

Of autopsy See above

PHYSICIAN — Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify)
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? (Specify type of place)
While at work? (e) Means of injury

23. Signature O. Lischer (M. D. or coroner)
Address Barnes Hospital Date signed 7/16/39

(Licensed Embalmer's Statement on Reverse Side)

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

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.

50M-5-17-39
Rev. 5-17-39
Form 1 X19211

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.....

....., Registered Apprentice No.....,

working under my personal supervision.

Signed Ernest W. Spillars

Licensed Embalmer No. 4080

P. O. Address 3528 Russell Rd

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, above space should be left blank.