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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED SEP 11 1943

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

29251

State File No.

Registration District No. 317 Primary Registration District No. 3069 Registrar's No. 2032

1. PLACE OF DEATH:

(a) County St. Louis

(b) City or town Rich Hgts

(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: St. Mary's Hospital

(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 2 Days (Specify whether years, months or days)

In this community Life

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 009 12

(c) City or town St. Louis 9

(If outside city or town limits, write "RURAL")

(d) Street No. 4027 Cleveland

(If rural, give location)

(e) Citizen of foreign country? No (Yes or No)

If yes, name country

3. (a) PRINT FULL NAME Floyd Alvin Babcock

3. (b) If veteran, name war No

3. (c) Social Security No. 489-28-6091

4. Sex M

5. Color or race W

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

6. (b) Name of husband or wife

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

7. Birth date of deceased 7 (Month) 2 (Day) 1926 (Year)

8. AGE: Years 17 Months 2 Days 8 If less than one day hr. min.

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

10. Usual occupation Salesman

11. Industry or business

FATHER

12. Name Wayen Babcock

13. Birthplace Penn. (City, town, or county) (State or foreign country)

MOTHER

14. Maiden name Mary Wolfgang

15. Birthplace Penn. (City, town, or county) (State or foreign country)

16. (a) Informant Mary Babcock

(b) Address 4027 Cleveland

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 9/11/43 (Month) (Day) (Year)

(c) Place: burial or cremation Mt. Lebanon Cem. St. Louis

18. (a) Signature of funeral director M. Laughlin Funeral Home

(b) Address 2301 Lafayette Ave

19. (a) SEP 9 1943 (Date received local registrar) (b) C. L. McNaron, M.D. (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 9 day 8 year 43 hour 4 minute 35 M.

21. I hereby certify that I attended the deceased from ..., 19..., to ..., 19...; that I last saw h... alive on ..., 19...; and that death occurred on the date and hour stated above.

Immediate cause of death From injuries received when car in which he was riding overturned on a public road. — Duration

Due to

Due to Subpial hemorrhage into 4th ventrical; Broken neck;

Other conditions Peritonitis from ruptured ileum; Reuptured spleen.

(Include pregnancy within 3 months of death)

Major findings:

Of operations

Of autopsy Yes.

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) Accident 057

(b) Date of occurrence Sept. 5, 1943

(c) Where did injury occur? Lincoln County, Mo. (City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? Public place (Specify type of place)

While at work? (e) Means of injury

23. Signature Louis N. Boyd, Coroner (M. D. or other)

Address Kirkwood, Mo. 9-9-43 Date signed

(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 embalmed by me, or by.....

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

working under my personal supervision.

Signed L. R. Cooper

Licensed Embalmer No. 3733

P. O. Address 2317 Lafayette

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply wit the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.