

FILED AUG 15 1947

Registration District No. 318

Primary Registration District No. 1003

Registrar's No. 7369

1. PLACE OF DEATH:

(a) County _____
(b) City or town St Louis
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Jewish Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 4 days
(Specify whether
In this community 3 1/2 years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Mad
(c) City or town St Louis
(If outside city or town limits, write "RURAL")
(d) Street No. 1438 East Grand
(If rural, give location)
(e) Citizen of foreign country? No
If yes, name country _____

3. (a) PRINT FULL NAME

MORRIS BABCHICK

3. (b) If veteran, name war _____

3. (c) Social Security No. _____

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Widowed

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

7. Birth date of deceased: unknown
(Month) (Day) (Year)

8. AGE: Years about 67 Months - Days - If less than one day _____ hr. _____ min.

9. Birthplace: Russia
(City, town, or county) (State or foreign country)

10. Usual occupation: Vegetable Packer

11. Industry or business: Selling Vegetables

12. Name: Maryelena Babchik

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

14. Maiden name: Priska

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

16. (a) Informant: Jane Babchik

(b) Address: 1339 Goodfellow

17. (a) Burial (b) Date there: Aug - 6 - 1947
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation: Heard Street Emets

18. (a) Signature of funeral director: Benjamin E. ...

(b) Address: 5010 ...

19. (a) JG 6 1947 (b) J. P. Braleck
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 8 day 5 year 47 hour 2:20 minute _____ M.

21. I hereby certify that I attended the deceased from 8/3/47 to 8/5/47 that I last saw him alive on 8/5/47 and that death occurred on the date and hour stated above.

Immediate cause of death: HEAT EXHAUSTION
PULMONARY EDEMA ACUTE

Due to _____
Due to _____

Other conditions: _____
(Include pregnancy within 3 months of death)

Major findings: ///
Of operations _____

Of autopsy _____

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? _____

While at work _____ (Specify type of place)
Means of injury _____

23. Signature: Benjamin E. ... (M. D. or other)
Address: Jewish Hosp. Date signed: 8/6/47

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

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

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

W. J. Overlander

Licensed Embalmer No.

3669

P. O. Address

5010 Emerald

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, fact should be so stated above.