

FILED OCT 7 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

31568

State File No.

318

PRIMARY REG. DIST. NO. 1003 Registrar's No. 8222

BIRTH NO.		REG. DIST. NO.		PRIMARY REG. DIST. NO.		Registrar's No.	
1. PLACE OF DEATH a. COUNTY				2. USUAL RESIDENCE (Where deceased lived; if institution: residence before admission) a. STATE Missouri b. COUNTY			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis		c. LENGTH OF STAY (in this place) township)		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis			
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) 3414 Gravois /				d. STREET ADDRESS (If rural, give location) 16 3414 Gravois			
3. NAME OF DECEASED (Type or Print) Catherine		a. (First)		b. (Middle)		c. (Last) Babka	
4. DATE OF DEATH 9/22/49		5. SEX Female		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	
8. DATE OF BIRTH Nov. 11, 1877		9. AGE (In years last birthday) 71		IF UNDER 1 YEAR Months Days		IF UNDER 24 HRS. Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Home		10b. KIND OF BUSINESS OR INDUSTRY --		11. BIRTHPLACE (State or foreign country) St. Louis, Missouri D		12. CITIZEN OF WHAT COUNTRY? USA	
13a. FATHER'S NAME Wenceslaw Sychera		13b. MOTHER'S MAIDEN NAME Annie Unknown Ochensky		14. NAME OF HUSBAND OR WIFE Frank			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No --		16. SOCIAL SECURITY NO. --		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Charles F. Babka--3414 Gravois			
18. CAUSE OF DEATH Enter on one cause per line for (a), (b), and (c) Metastatic Carcinoma of Right Breast Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) DUE TO (c) 11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.				INTERVAL BETWEEN ONSET AND DEATH about 14 months			
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			
21a. ACCIDENT SUICIDE HOMICIDE (Specify)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) 50			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? 170X			
22. I hereby certify that I attended the deceased from July 15, 1949, to Sept. 22, 1949, that I last saw the deceased alive on Sept. 22, 1949, and that death occurred at 2:45 P. M., from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) J. B. Lacotte				23b. ADDRESS 3606 Travis St		23c. DATE SIGNED 9/23/49	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 9/24/49		24c. NAME OF CEMETERY OR CREMATORY Sunset Burial Park		24d. LOCATION (City, town, or county) (State) St. Louis Co., Missouri	
DATE REC'D BY LOCAL REG. SEP 23 1949		REGISTRAR'S SIGNATURE J. B. Lacotte		25. FUNERAL DIRECTOR'S SIGNATURE Wacker-Welsh		ADDRESS 3634 Gravois	

(Licensed Embalmer's Statement on Reverse Side)

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

Mel

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 _____

Student Embalmer No. _____

working under my personal supervision.

Student
Student Embalmer

Signed *Felix J. Krupin*

Licensed Embalmer No. *3497*

P. O. Address *3634 Greer's*

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.

THE STATE BOARD OF HEALTH OF MISSOURI
BUREAU OF VITAL STATISTICS

State File No. 315 6847

State of Missouri }
City of St. Louis } ss.

AFFIDAVIT FOR CORRECTION OF A RECORD

Local Registrar's No. 8222

On this 13 day of August, 1952, before me appears Charles F. Babka, who, upon his oath, states that the original record of ~~birth~~ Death for Catherine Babka died Sept. 22 ~~near~~, 1949, in the State of Missouri, and which was filed at St. Louis, Mo. on 9-24-, 1949, should be corrected as follows:

Item No. 13a should read Wenceslaus Sykora

Instead of Unknown

Item No. 13b should read Annie Dehensky

Instead of Unknown

Item No. _____ should read _____

Instead of _____

Item No. _____ should read _____

Instead of _____

Item No. _____ should read _____

Instead of _____

Item No. _____ should read _____

Instead of _____

Item No. _____ should read _____

Instead of _____

Item No. _____ should read _____

Instead of _____

The above is true to the best of my knowledge, information and belief.

(SEAL)

Affiant Charles F. Babka Informant
Relationship.

3414 Gravois, St. Louis, Mo.
Present Address.

Subscribed and sworn to before me this 13 day of August, 1952

My Commission expires 3-4-53 John C. Paddock Notary Public.

S-31568