

FILED DEC 10 1953

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BIRTH NO. REG. DIST. NO. PRIMARY REG. DIST. NO. Registrar's No.

1. PLACE OF DEATH a. COUNTY <u>St. Louis</u>			2. USUAL RESIDENCE (Where deceased lived. If in institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Iron</u>		
b. CITY (If outside corporate limits, write RURAL and give township) <u>St. Louis</u>		c. LENGTH OF STAY (In this place)	c. CITY OR TOWN <u>Arcadia</u>		d. In Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input type="checkbox"/>
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Framin Desloge Hosp.</u>			e. STREET ADDRESS (If rural, give location) <u>Ursuline Academy</u>		
3. NAME OF DECEASED (Type or Print) <u>MOTHER</u>	a. (First)	b. (Middle) <u>Mortha</u>	c. (Last) <u>Babel</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>12 1 53</u>	
5. SEX <u>F</u>	6. COLOR OR RACE <u>w</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Never Married</u>	8. DATE OF BIRTH <u>Apr. 2 1874</u>	9. AGE (In years last birthday) <u>79</u>	IF UNDER 1 YEAR Days IF UNDER 1 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, if retired) <u>Nun</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Convent</u>	11. BIRTHPLACE (City and State or Foreign Country) <u>York Nebraska</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>
13a. FATHER'S NAME <u>Emmanuel Babel</u>		13b. MOTHER'S MAIDEN NAME <u>Mary Tabalt</u>		14. NAME OF HUSBAND OR WIFE <u>never married.</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give date of service) <u>no</u>		16. SOCIAL SECURITY NO. <u>none</u>	17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Mother Carmelita O.S.U. Arcadia, Mo.</u>		
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c))			MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Congestive Heart Failure</u>					<u>1 wk.</u>
PRECEDENT CAUSES (b) <u>Fracture of Hip</u>			DUE TO (b)		<u>3 wks.</u>
DUE TO (c) <u>Generalized Arteriosclerosis</u>			DUE TO (c)		<u>20 yrs.</u>
*This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.			II. OTHER SIGNIFICANT CONDITIONS (Conditions contributing to the death but not related to the disease or condition causing death.)		
19a. DATE OF OPERATION <u>11-14-53</u>	19b. MAJOR FINDINGS OF OPERATION <u>Fractured Hip.</u>				20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>
21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>Accident</u>	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>Ursuline Academy</u>	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>Arcadia Mo.</u>			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <u>11-11-53</u>		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR? <u>Pt. lost Balance + Fell</u>		
22. I hereby certify that I attended the deceased from <u>11-11-53</u> , to <u>12-1-53</u> , that I last saw the deceased alive on <u>12-1-53</u> , and that death occurred at <u>0:30 p.m.</u> , from the causes and on the date stated above. <u>44</u>					
23a. SIGNATURE (Degree or title) <u>Milton I. Ludbel M.D.</u>			23b. ADDRESS <u>508 N. Grand</u>		23c. DATE SIGNED <u>12/2/53</u>
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removal</u>	24b. DATE <u>12-3-53</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Convent Cemetery</u>	24d. LOCATION (City, town, or county) (State) <u>Arcadia, Missouri</u>		
DATE REC'D BY LOCAL REG. <u>DEC 4 1953</u>	REGISTRAR'S SIGNATURE <u>J. Carl Smith M.D.</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Albert H. Hoppe 4700 Washington.</u>		

PLEASE PRINT - USING 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, Student Embalmer No.
working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed *W. W. Wilkinson*

Licensed Embalmer No. *3*

P. O. Address *Law*

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

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

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