

FILED OCT 26 1954

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

35100

State File No. ....  
Registrar's No. 8936

BIRTH NO. ....		REG. DIST. NO. 318		PRIMARY REG. DIST. NO. 1003		State File No. ....		Registrar's No. 8936											
1. PLACE OF DEATH a. COUNTY				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY C															
b. CITY (If outside corporate limits, write RURAL and give township) St. Louis			c. LENGTH OF STAY (In this place) 1 week		c. CITY OR TOWN St. Louis		d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>												
d. FULL NAME OF HOSPITAL OR INSTITUTION Incarnate Hospital				e. STREET ADDRESS 3 5206 Jamieson		20390													
3. NAME OF DECEASED a. (First) Harry			b. (Middle) E.		c. (Last) Babbitt		4. DATE OF DEATH (Month) (Day) (Year) Sept. 29, 1954												
5. SEX m		6. COLOR OR RACE w		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) married		8. DATE OF BIRTH October 23, 1879		9. AGE (In years last birthday) 74	IF UNDER 1 YEAR Months	IF UNDER 24 HRS. Days	IF UNDER 24 HRS. Hours	IF UNDER 24 HRS. Min.							
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Executive			10b. KIND OF BUSINESS OR INDUSTRY Printing business			11. BIRTHPLACE (City and State or Foreign Country) Evansville, Indiana			12. CITIZEN OF WHAT COUNTRY? USA										
13a. FATHER'S NAME James Babbitt				13b. MOTHER'S MAIDEN NAME Mary Parker			14. NAME OF HUSBAND OR WIFE Daisy Marie Babbitt												
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. 489-18-9484		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Mrs. Harry Babbitt, 5206 Jamieson, 9														
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)  *This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.										MEDICAL CERTIFICATION									
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <i>posterior coronary occlusion</i>										INTERVAL BETWEEN ONSET AND DEATH <i>2 minutes</i>									
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <i>anterior coronary occlusion</i>										<i>10 days</i>									
DUE TO (c) <i>myocarditis</i>										<i>4 years</i>									
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <i>infectious pericarditis</i>										<i>10 days</i>									
19a. DATE OF OPERATION				19b. MAJOR FINDINGS OF OPERATION				20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input 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) <i>4201</i>														
21d. TIME OF INJURY (Month) (Day) (Year) (Hour)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?															
22. I hereby certify that I attended the deceased from <i>July</i> , 19 <i>49</i> , to <i>Sept</i> , 19 <i>54</i> , that I last saw the deceased alive on <i>Sept 29</i> , 19 <i>54</i> , and that death occurred at <i>5:35 P.M.</i> , from the causes and on the date stated above.																			
23a. SIGNATURE <i>Neta Jean B. Kresser MD</i>						23b. ADDRESS <i>3284 Evanhoe</i>			23c. DATE SIGNED <i>10/11/54</i>										
24a. BURIAL, CREMATION, REMOVAL (Specify) <i>removal</i>		24b. DATE <i>Oct. 2, 1954</i>		24c. NAME OF CEMETERY OR CREMATORY <i>Mt. Lebanon Cemetery</i>		24d. LOCATION (City, town, or county) (State) <i>St. Louis County, Mo.</i>													
DATE REC'D BY LOCAL REG. <i>OCT 1 1954</i>		REGISTRAR'S SIGNATURE <i>J. Carl Smith MD</i>			25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <i>C. Hoffmeister Colonial Mortuary, Chippewa</i>														

WRITE PLAINLY—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 *Harry J. Schumacher*.....  
Licensed Embalmer No. *2679*.....

P. O. Address *7814 J. Blvd*.....

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.  
If this body is not embalmed, fact should be so stated above.