Health, Welfare Public Service
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THE DIVISION OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

59-016106
STATE FILE NUMBER

FILED MAY 8 1959 Registration District No. 317 Primary Registration District No. 544 Registrar's No. 1163

1. PLACE OF DEATH
a. COUNTY St. Louis
b. CITY OR TOWN Kirkwood — Inside Limits Yes [X] No [ ]
c. FULL NAME OF HOSPITAL OR INSTITUTION St. Joseph's Hosp. — Length of stay in 1b 4 hrs

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Missouri b. COUNTY St. Louis
c. CITY OR TOWN Kirkwood 4683 — Inside Limits Yes [X] No [ ]
d. STREET ADDRESS (If outside, give location) 212 N. Clay Ave. — Reside on Farm Yes [ ] No [X]

3. NAME OF DECEASED (Type or print): First VADA Middle LEAH Last Babcock

4. DATE OF DEATH Month April Day 27 Year 1959

5. SEX Female
6. COLOR OR RACE White
7. MARRIED [X] NEVER MARRIED [ ] WIDOWED [ ] DIVORCED [ ]
8. DATE OF BIRTH June 13, 1905
9. AGE (In years last birthday) 53 — 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) Partner
10b. KIND OF BUSINESS OR INDUSTRY Lamp-Post Antique Shop
11. BIRTHPLACE (City and state or country) E. St. Louis, Ill.
12. CITIZEN OF WHAT COUNTRY? USA

13a. FATHER'S NAME Hans Michael
13b. MOTHER'S MAIDEN NAME Minnie Trevey
14. NAME OF HUSBAND OR WIFE Alvin Babcock

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service) None
16. SOCIAL SECURITY NO.
17. INFORMANT Alvin Babcock-212 N. Clay, Kirkwood Address Mo.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) Cerebral Hemorrhage — INTERVAL BETWEEN ONSET AND DEATH 8 hrs
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b) Cerebral arterial Sclerosis — 3 months
DUE TO (c) Essential Hypertension — 1 yr.
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)
Asthma for 1 yr 331X
19. WAS AUTOPSY PERFORMED? YES [ ] NO [X]

20a. ACCIDENT [ ] SUICIDE [ ] HOMICIDE [ ]
20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)
20c. TIME OF INJURY Hour a.m. p.m. Month, Day, Year
20d. INJURY OCCURRED WHILE AT WORK [ ] NOT WHILE AT WORK [ ]
20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
20f. CITY, TOWN, OR LOCATION COUNTY STATE

21. I attended the deceased from 4/1/58, to 4/26/59 and last saw her/him alive on 4/26/59
Death occurred at 2:15 a.m. on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE Charles R. Burnside M.D. (Degree or title)
22b. ADDRESS 206 W. Argonne Blvd
22c. DATE SIGNED 4/26/59

23a. BURIAL, CREMATION, REMOVAL (Specify) Burial
23b. DATE Apr. 29, 1959
23c. NAME OF CEMETERY OR CREMATORY Lake Charles Cem.
23d. LOCATION (City, town, or county) St. Louis County, Mo. (State)

24. FUNERAL DIRECTOR Pfitzinger Mort-Kirkwood ADDRESS 22m Mo.
25. DATE RECD. BY LOCAL REG. 4-29-59
26. REGISTRAR'S SIGNATURE John C. Murphy M.D.

(Licensed Embalmer's Statement on Reverse Side)

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed. All diseases in Part I must be causally related.

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 .....

Licensed Embalmer No. .....

P. O. Address .....

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.