

P 20 1938

REC'D OCT 6 1938

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS

23346
Do not register this date

CERTIFICATE OF DEATH

1. PLACE OF DEATH St. Vincent's Sanitarium

(a) County St. Louis Registration District No. 784

(b) Township..... Primary Registration District No. 200 Registered No. 1576

(c) City St. Louis (d) Street No. St. Vincent's Sanitarium St.

(If death occurred in Hospital or Institution, write its name instead of street and number)

(e) Length of residence in city or town where death occurred 16 yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME Miss Elaine Babbitt

(a) Residence, No. Flagstaff, Arizona St.

(Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female

4. COLOR OR RACE White

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Single

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 1896

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.

About 42

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) Flagstaff

(STATE OR COUNTRY) Arizona

13. NAME David Babbitt

14. BIRTHPLACE (CITY OR TOWN) Mass.

(STATE OR COUNTRY)

15. MAIDEN NAME Erma Berkamp

16. BIRTHPLACE (CITY OR TOWN) Ohio

(STATE OR COUNTRY)

17. INFORMANT Ed. Babbitt

(ADDRESS) Flagstaff, Arizona

18. BURIAL, CREMATION, OR REMOVAL

PLACE Calvary DATE 9/28, 38

19. FUNERAL DIRECTOR Cullen & Kelly

(ADDRESS) 1416 N. Taylor Ave.

20. FILER SEP 28 1938 D. D. Meyer Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Sept 26 1938

22. I HEREBY CERTIFY, That I attended deceased from July 15, 1935, to Sept 26, 1938

I last saw him alive on Sept 25, 1938. Death is said to have occurred on the date stated above, at 8:35 a.m.

The principal cause of death and related causes of importance were as follows:

Chronic myocarditis

Cardiac decompensation

Obstruction of coronary arteries

Other contributory causes of importance:

Name of operation Correction of adhesions Date of 9-24-38

What test confirmed diagnosis? operation Was there an autopsy? no

23. If death was due to external causes (violence), fill in also the following:

Accident, suicide, or homicide? no Date of injury....., 19.....

Where did injury occur?..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury.....

Nature of injury.....

24. Was disease or injury in any way related to occupation of deceased? no

If so, specify.....

(Signed) Francis A. Keally, M. D.

(Address) Keosauqua, Mo.

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

