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.

REC'D MAR 13 1939

# MISSOURI STATE BOARD OF HEALTH
## BUREAU OF VITAL STATISTICS
### CERTIFICATE OF DEATH

Do not use this space. 4674

791

1003

1. PLACE OF DEATH

(a) County ..... Registration District No. ..... 2

(b) Township ..... Primary Registration District No. ..... Registered No. 1367

(c) or City St. Louis (d) Street No. 7601 So. Broadway 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 yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME 125 Alex Babuskin

(a) Residence, No. 7601 So. Broadway St. 1
(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 male

4. COLOR OR RACE white

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

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) JAN. 15, 1879

7. AGE

| YEARS | MONTHS | DAYS | If LESS than 1 day, ....hrs. or ....min. |
|---|---|---|---|
| 61 | 0 | 24 | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. merchant

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

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

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Chernigow U.S.S.R.

FATHER

13. NAME Hyman Solomon Babuskin

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) U.S.S.R.

MOTHER

15. MAIDEN NAME Lucille Porter

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) U.S.S.R.

17. INFORMANT (ADDRESS) Sol Wasserman 3810 So. Broadway

18. BURIAL, CREMATION, OR REMOVAL
PLACE Chesed Shel Emeth DATE 2/12 1939

19. FUNERAL DIRECTOR (NAME) (ADDRESS) H. B. Berger 4715 McPherson

20. FILED FEB 12 1939 J. F. Bredeck Local Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Feb 9, 1939

22. I HEREBY CERTIFY, That I attended deceased from Apr 19, 1938, to Feb 9, 1939

I last saw him alive on Feb 9, 1939 Death is said to have occurred on the date stated above, at 11 15 pm m.

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

Angina Pect - Coronary Artery Disease — Date of onset about 1928

Other contributory causes of importance: —

Name of operation none Date of .....

What test confirmed diagnosis? Laboratory Tests Was there an autopsy? no

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

Accident, suicide, or homicide? ..... 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) Robert G. Warner, M. D.

(Address) 1115 Paul Brown Bldg St Louis Mo

(Licensed Embalmer's Statement on Reverse Side)

## 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~~

Herbert I. Berger, ~~Registered Apprentice~~ No.

working under my personal supervision.

Signed H. I. Berger

Licensed Embalmer No. 1597

P. O. Address

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

**If this body is not embalmed, above space should be left blank.**