No. 2
-13-40
17-39
X23159

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 36872

Registration District No. 791 Primary Registration District No. 1003 Registrar's No. 9145

FILED DEC 11 1940

1. PLACE OF DEATH:
(a) County
(b) City or town St. Louis (If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: In Rosebud City Hospital (If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution None (Specify whether years, months or days)
In this community 16 Years

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County
(c) City or town St. Louis (If outside city or town limits, write "RURAL")
(d) Street No. 3856 Botanical (If rural, give location)
(e) If foreign born, how long in U. S. A.? years.

3. (a) PRINT FULL NAME Wayne Babcock
3. (b) If veteran, name war None
3. (c) Social Security No. 702-12-5432
4. Sex Male
5. Color or race White
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Mary
6. (c) Age of husband or wife if alive 56 years
7. Birth date of deceased January 11, 1875 (Month) (Day) (Year)

8. AGE: Years	Months	Days	If less than one day
65	8	23	hr. min.

9. Birthplace Terrytown (City, town, or county) Pennsylvania (State or foreign country)
10. Usual occupation Mail Handler
11. Industry or business RailRoad (Pensioned 10 Mo)
FATHER
12. Name Myron Babcock
13. Birthplace Unknown (City, town, or county) (State or foreign country)
MOTHER
14. Maiden name Rexeville Merrill
15. Birthplace Unknown (City, town, or county) (State or foreign country)
16. (a) Informant Mary Babcock
(b) Address 3856 Botanical
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Nov. 7, 1940 (Month) (Day) (Year)
(c) Place: burial or cremation Mt. Lebanon Cemetery
18. (a) Signature of funeral director C. W. McLaughlin
(b) Address 2301 Lafayette Ave.
19. (a) NOV 6 1940 (Date received local registrar) (b) J. F. Broadeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov day 4
year 1940 hour 3 minute 15 P M.
21. I hereby certify that I attended the deceased from
, 19 , to , 19 ;
that I last saw him alive on , 19 ;
and that death occurred on the date and hour stated above.
Immediate cause of death Cardiac Hypertrophy
Due to Chronic Interstitial
Due to Nephritis
Other conditions (Include pregnancy within 3 months of death) Arterial Sclerosis
Major findings:
Of operations
Of autopsy 131

Duration

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify)
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? (Specify type of place)
While at work? (e) Means of injury
23. Signature Alfred J. Perry (M. D. or other)
Address Cupply Corona Date signed 11/6/40

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USE 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.....

....., Registered Apprentice No.....

working under my personal supervision.

Signed Paul A. Keith

Licensed Embalmer No. 3612

P. O. Address 2317 Lafayett

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

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