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 5-17-39
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DEPARTMENT OF COMMERCE
 BUREAU OF THE CENSUS
 STATE BOARD OF HEALTH OF MISSOURI
 STANDARD CERTIFICATE OF DEATH

State File No.
 Registrar's No.

FILED FEB 16 1943
 318
 Registration District No. Primary Registration District No. 1003

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH:
 (a) County..... S t. Louis
 (b) City or town..... S t. Louis
 (If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution:
 1269 Hamilton Avenue
 (If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution.....
 In this community..... 26 yrs
 years, months or days) (Specify whether)

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..... 1269 Hamilton Avenue
 (If rural, give location)
 (e) Citizen of foreign country?..... no (Yes or No)
 If yes, name country..... 0

3. (a) PRINT FULL NAME..... BERTA ROSINA BABCOCK
 3. (b) If veteran, name war..... 3. (c) Social Security No.....

MEDICAL CERTIFICATION
 20. DATE OF DEATH: Month Feb day 4th year 1943 hour 10:45 minute A. M.
 21. I hereby certify that I attended the deceased from Jan 15 1943 to Feb 4 1943 that I last saw h. alive on Feb 3 1943 and that death occurred on the date and hour stated above.

5. Color or race..... White
 6. (a) Single, widowed, married, divorced..... Single
 6. (b) Name of husband or wife..... 6. (c) Age of husband or wife if alive..... years
 7. Birth date of deceased..... 3 11 1866
 (Month) (Day) (Year)

Immediate cause of death:
 Chronic Myocarditis with
 dilatation & art. sclerosis
 Due to.....
 Due to.....

8. AGE:	Years	Months	Days	If less than one day
	76	10	23	hr. min.

Other conditions..... Chronic Bronchitis
 (Include pregnancy within 3 months of death)
 Acute Exacerbation
 Major findings:
 Of operations.....
 Of autopsy.....

9. Birthplace..... Minnesota (City, town, or county) (State or foreign country)
 10. Usual occupation..... Missionary to Japan
 11. Industry or business.....
 12. Name..... Andrew Babcock
 13. Birthplace..... Stuben County New York (City, town, or county) (State or foreign country)
 14. Maiden name..... Iantha Carriel Sindelar
 15. Birthplace..... New York (City, town, or county) (State or foreign country)
 16. (a) Informant..... Iantha Sindelar
 (b) Address..... 1269 Hamilton Ave
 17. (a) Burial (b) Date thereof..... 2-6-1943
 (Burial, cremation, or removal) (Month) (Day) (Year)
 (c) Place: burial or cremation..... Lake Charles Cemetery
 18. (a) Signature of funeral director..... Alexander Jans
 (b) Address..... 6175 Delmar Blvd
 19. (a) FEB 5 1943 (b) J. F. Bredeck (Data received local registrar) (Registrar's signature)

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?
 While at work?..... (Specify type of place) (e) Means of injury.....
 23. Signature..... J. F. Bredeck (M. D. or other)
 Address..... 4901 E. Easton Date signed..... 2/5/43

Dr. A. F. Henke
4901 Easton - FO 3921

Hrs: - 1-230Pm 6-7.30

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 Thomas R. Fenwick

Licensed Embalmer No. 3793

P. O. Address St Louis Mo

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