

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

21501

State File No. _____
Registrar's No. 5797

FILED JUL 12 1946

Registration District No. 318 Primary Registration District No. 1003

1. PLACE OF DEATH:
(a) County St. Louis
(b) City or town St. Louis
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
Residence; 5812 Clemens.
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether
In this community _____
years, months or days)

3. (a) PRINT FULL NAME ANGELINE BABCOCK.
3. (b) If veteran, name war None 3. (c) Social Security No. None

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced Widowed
6. (b) Name of husband or wife George W. Babcock. 6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased March 26 1847
(Month) (Day) (Year)

8. AGE: — Years Months Days If less than one day
99 3 4 hr. _____ min.

9. Birthplace Kalamazoo, County, Michigan
(City, town, or county) (State or foreign country)
10. Usual occupation At home

11. Industry or business _____
12. Name George Bishop.
13. Birthplace Michigan
(City, town, or county) (State or foreign country)
14. Maiden name Hanna unknown
15. Birthplace Michigan
(City, town, or county) (State or foreign country)

16. (a) Informant Alma M. Babcock.
(b) Address 5812 Clemens Ave.,
Removal (b) Date thereof July 2 1946
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Shelbina, Missouri.

18. (a) Signature of funeral director C.R. Lupton & Sons.
(b) Address 7233 Delmar Blvd.

19. (a) JUL 1 1946 (b) J. F. Bredeck
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County St. Louis
(c) City or town St. Louis
(If outside city or town limits, write "RURAL")
(d) Street No. 5812 Clemens Ave.,
(If rural, give location)
(e) Citizen of foreign country? no (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 30
year 1946 hour 9:50 minute A. M.
21. I hereby certify that I attended the deceased from January 2,
1926 to June 30, 1946, 19____
that I last saw her alive on June 30, 1946, 19____
and that death occurred on the date and hour stated above.

Immediate cause of death Acute colitis, Duration 4 weeks

Due to _____
Due to _____

Other conditions General arteriosclerosis, 20 yrs.
(Include pregnancy within 3 months of death)
with hypertension.

PHYSICIAN _____
Major findings: _____
Of operations _____
Of autopsy _____
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? _____

While at work? _____ (Specify type of place) Means of injury _____
23. Signature [Signature] M.D. or other _____
Address 320 Metropolitan Bldg. Date signed 7/1/46

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

MOTHER FATHER

1 to 3
Doris Kama
Mrgt. Bledy
JE 5101

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 Raymond L. Morris
Licensed Embalmer No. 4330
P. O. Address Maplewood, Ill.

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.