

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

22707

State File No.

5915

Registrar's No.

FILED JUL 15 1953

BIRTH NO.

REG. DIST. NO. 318

PRIMARY REG. DIST. NO. 1003

1. PLACE OF DEATH

a. COUNTY

b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN **ST. LOUIS**

c. LENGTH OF STAY (in this place)

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before

a. STATE **Missouri**b. COUNTY **St. Louis**c. CITY OR TOWN **University City**d. Is Residence within limits of a city or incorporated town? Yes No d. FULL NAME OF HOSPITAL OR INSTITUTION **Missouri Baptist Hospital**

e. STREET ADDRESS

(If rural, give location) **7143 Pershing Ave 4346**

3. NAME OF DECEASED

a. (First)

CHARLES

b. (Middle)

Martin

c. (Last)

BABINGTON.

4. DATE OF DEATH

(Month) (Day) (Year)

June 12, 1953

5. SEX

Male

6. COLOR OR RACE

White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)

Married

8. DATE OF BIRTH

March 22, 1881

9. AGE (In years last birthday)

72

IF UNDER 1 YEAR IF UNDER 24 HRS.

Months Days Hours Mins.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Retired: Credit

10b. KIND OF BUSINESS OR INDUSTRY

Mgr. Internat'l Shoe Co.

11. BIRTHPLACE (City and State or Foreign Country)

St. Louis, Mo.

12. CITIZEN OF WHAT COUNTRY?

USA

13a. FATHER'S NAME

George L. Babington.

13b. MOTHER'S MAIDEN NAME

Cornelia Martin.

14. NAME OF HUSBAND OR WIFE

Mable S. Babington.

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)

No

16. SOCIAL SECURITY NO.

493-01-1907

17. INFORMANT'S SIGNATURE OR NAME

Mrs. Mable S. Babington. 7143 Pershing

ADDRESS

18. CAUSE OF DEATH

Enter only one cause per line for (a), (b), and (c)

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a)

MEDICAL CERTIFICATION

Carcinoma of pancreas

INTERVAL BETWEEN ONSET AND DEATH

over 3 mos

ANTECEDENT CAUSES

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b)

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES NO

21a. ACCIDENT SUICIDE HOMICIDE (Specify)

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21c. (CITY, TOWN, OR TOWNSHIP)

(COUNTY)

(STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)

21e. INJURY OCCURRED WHILE AT WORK NOT WHILE AT WORK

21f. HOW DID INJURY OCCUR?

157X22. I hereby certify that I attended the deceased from **Mar 18, 1953** to **June 12, 1953** that I last saw the deceased alive on **June 12, 1953**, and that death occurred at **7:45 P. M.**, from the causes and on the date stated above.

23a. SIGNATURE

Robert M. Smith

(Degree or title)

M.D.

23b. ADDRESS

114 N. Taylor

23c. DATE SIGNED

6/13/53

24a. BURIAL, CREMATION, REMOVAL (Specify)

removal

24b. DATE

6-15-1953

24c. NAME OF CEMETERY OR CREMATORY

Bethany Cemetery

24d. LOCATION (City, town, or county)

St. Louis Co., Mo.

(State)

DATE REC'D BY LOCAL REG.

JUN 13 1953

REGISTRAR'S SIGNATURE

J. Earl Smith M.D.

25. FUNERAL DIRECTOR'S SIGNATURE

C.R. Lupton & Sons; 7233 Delmar Blvd

ADDRESS

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, Student Embalmer No..... working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed *Clarence H. Murray*.....

Licensed Embalmer No. *4011*

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.