

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. ....

No. 300  
10-48

FILED JUL 23 1956

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 212 PRIMARY REG. DIST. NO. 5779 Registrar's No. 30

1. PLACE OF DEATH a. COUNTY <u>MILLER</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) --a. STATE <u>MISSOURI</u> b. COUNTY <u>ST. LOUIS</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Eldon Franklin 1da.</u>		c. CITY OR TOWN <u>St. Louis</u>	d. In Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Rt. 3.</u>		e. STREET ADDRESS (If rural, give location) <u>1516 CLARA</u> <u>2069</u>	

3. NAME OF DECEASED (Type or Print) a. (First) <u>LESTER</u> b. (Middle) <u>GEORGIE</u> c. (Last) <u>BABST</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>July 14 1956</u>		
5. SEX <u>MALE</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>MARRIED</u>	8. DATE OF BIRTH <u>Aug. 4, 1913</u>	9. AGE (In years last birthday) <u>42</u>	IF UNDER 1 YEAR Months _____ Days _____
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Tool &amp; Dye Maker</u>		10b. KIND OF BUSINESS OR INDUSTRY _____		11. BIRTHPLACE (City and State or Foreign Country) <u>St. Louis, Mo.</u>	
12. CITIZEN OF WHAT COUNTRY? <u>USA.</u>					

13a. FATHER'S NAME <u>John Babst</u>	13b. MOTHER'S MAIDEN NAME <u>TERESSA KELLER</u>	14. NAME OF HUSBAND OR WIFE <u>CLARA Babst</u>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>YES</u> (If yes, give war or dates of service) <u>WW II</u>	16. SOCIAL SECURITY NO. <u>498-05-8487</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Clara Babst</u> ADDRESS <u>St. Louis, Mo.</u>
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18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)  *This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>SUFFOCATION</u>		INTERVAL BETWEEN ONSET AND DEATH <u>8 MIN</u>
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>DROWNING</u>		
	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 <u>42</u>	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>ACCIDENT</u>	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>LAKE OF THE OZARKS</u>	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>066 MILLER MO.</u>
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <u>July 14 1956 3:30 P.M.</u>	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	21f. HOW DID INJURY OCCUR? <u>WAS SWIMMING IN LAKE</u>
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22. I hereby certify that I attended the deceased from \_\_\_\_\_, 19\_\_\_\_, to \_\_\_\_\_, 19\_\_\_\_, that I last saw the deceased alive on \_\_\_\_\_, 19\_\_\_\_, and that death occurred at 3:38 P.M., from the causes and on the date stated above.

23a. SIGNATURE (Print or title) <u>R.S. Humphreys, D.O. Coroner</u>	23b. ADDRESS <u>TUSCUMBIA, MO.</u>	23c. DATE SIGNED <u>7-15-56</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>	24b. DATE <u>July 18, 1956</u>	24c. NAME OF CEMETERY OR CREMATORY <u>MEMORIAL PARK</u>	24d. LOCATION (City, town, or county) (State) <u>St. Louis County</u>
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DATE REC'D BY LOCAL REG. <u>July 16, 56</u>	REGISTRAR'S SIGNATURE <u>Alvaretta Walt</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>Louis D. Phillips</u> ADDRESS <u>Eldon</u>
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

1920

RECEIVED

JUL 19 '58

Miller County  
Health Department

JUL 25 1958

JUL 24 '58

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 *Louis W. Phillips*

Licensed Embalmer No. *366*

P. O. Address *.....*

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.