

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

100568-57 46707  
STATE FILE NUMBER

FILED DEC 30 1957

Registration District No. 317 Primary Registration District No. 547 Registrar's No. 3186

Health,  
& Welfare  
Public  
Service

300  
1-56

Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed. All diseases in Part I must be causally related. Coroner cannot certify to a death due to natural causes.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

|                                                                                                                                                                                                                                                                                                                                                                         |                                  |                                                                                                                                                          |                                                                                              |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------|
| 1. PLACE OF DEATH<br>a. COUNTY St. Louis                                                                                                                                                                                                                                                                                                                                |                                  | 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)<br>a. STATE Mo. b. COUNTY                                          |                                                                                              |
| b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Clayton Richmond Hts                                                                                                                                                                                                                                                                                  |                                  | c. CITY OR TOWN St. Louis                                                                                                                                |                                                                                              |
| c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION St. Mary's Hosp.                                                                                                                                                                                                                                                                            |                                  | d. STREET ADDRESS 1517 Desoto Ave.                                                                                                                       |                                                                                              |
| 3. NAME OF DECEASED (Type or print)<br>First Gerald Middle Edward Last Babe                                                                                                                                                                                                                                                                                             |                                  | 4. DATE OF DEATH<br>Month 12 Day 15 Year 57                                                                                                              |                                                                                              |
| 5. SEX Male                                                                                                                                                                                                                                                                                                                                                             | 6. COLOR OR RACE White           | 7. MARRIED <input type="checkbox"/> NEVER MARRIED <input checked="" type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/> | 8. DATE OF BIRTH 12/15/57                                                                    |
| 9a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) CHILD (None) CHILD                                                                                                                                                                                                                                                           |                                  | 10. KIND OF BUSINESS OR INDUSTRY                                                                                                                         | 11. BIRTHPLACE (City and state or country) St. Louis County, Mo.                             |
| 13. FATHER'S NAME Edwin R. Babe                                                                                                                                                                                                                                                                                                                                         |                                  | 14. MOTHER'S MAIDEN NAME Dorothy Grayson                                                                                                                 |                                                                                              |
| 15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) NO                                                                                                                                                                                                                                                                                                   |                                  | 16. SOCIAL SECURITY NO. NONE                                                                                                                             | 17. INFORMANT Address Mr. Edwin Babe, 1517 Desoto Ave.                                       |
| 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).]<br>PART I. DEATH WAS CAUSED BY:<br>IMMEDIATE CAUSE (a) <i>Rhytrablastosis foetalis</i><br>DUE TO (b) <i>Rh. Incompatibility</i><br>DUE TO (c) <i>7700</i><br>PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) |                                  |                                                                                                                                                          | INTERVAL BETWEEN ONSET AND DEATH                                                             |
| 20a. ACCIDENT <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                  | SUICIDE <input type="checkbox"/> | HOMICIDE <input type="checkbox"/>                                                                                                                        | 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) |
| 20c. TIME OF INJURY Hour Month, Day, Year a. m. p. m.                                                                                                                                                                                                                                                                                                                   |                                  |                                                                                                                                                          |                                                                                              |
| 20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>                                                                                                                                                                                                                                                                  |                                  | 20e. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)                                                                | 20f. CITY, TOWN, OR LOCATION COUNTY STATE                                                    |
| 21. I attended the deceased from <i>birth</i> to <i>death</i> and last saw <i>her</i> <i>him</i> alive on <i>12-15-57</i><br>Death occurred at <i>1:50</i> p. m. on the date stated above; and to the best of my knowledge, from the causes stated.                                                                                                                     |                                  |                                                                                                                                                          |                                                                                              |
| 22a. SIGNATURE (Degree or title) <i>Joseph A. Hardy M.D.</i>                                                                                                                                                                                                                                                                                                            |                                  | 22b. ADDRESS <i>4952 Wayland</i>                                                                                                                         | 22c. DATE SIGNED <i>12/16/57</i>                                                             |
| 23a. BURIAL, CREMATION, REMOVAL (Specify) <i>burial</i>                                                                                                                                                                                                                                                                                                                 | 23b. DATE <i>12/16/57</i>        | 23c. NAME OF CEMETERY OR CREMATORY <i>Lake Charles Cem.</i>                                                                                              | 23d. LOCATION (City, town, or county) (State) <i>St. Louis County Mo.</i>                    |
| 24. FUNERAL DIRECTOR ADDRESS <i>Drehmann-Harral 1905 Union</i>                                                                                                                                                                                                                                                                                                          |                                  | 25. DATE RECD. BY LOCAL REG. <i>12-16-57</i>                                                                                                             | 26. REGISTRAR'S SIGNATURE <i>Herbert R. Decker</i>                                           |

(Licensed Embalmer's Statement on Reverse Side)

arc

Dr. Joseph A. Hardy  
4952 Maryland

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 *Albert R. Thompson* .....

Licensed Embalmer No. *423* .....

P. O. Address *St. John* .....

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.