t. Health, & Welfare
S. Public th Service

S. 300
v. 1-57

FILED MAY 8 1958

THE DIVISION OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

58-015492
STATE FILE NUMBER

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 4363

1. PLACE OF DEATH
a. COUNTY
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN ST. LOUIS, Mo — Inside Limits Yes ☒ No ☐
c. FULL NAME OF HOSPITAL OR INSTITUTION (If NOT in hospital, give location) JEWISH HOSPITAL — Length of stay in 1b 14 26

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Mo. b. COUNTY
c. CITY OR TOWN ST. LOUIS — Inside Limits Yes ☒ No ☐
d. STREET ADDRESS (If outside, give location) 2024a MALLINCKRODT — Reside on Farm Yes ☐ No ☒

3. NAME OF DECEASED (Type or print) First WALTER Middle R. Last BABBITT
4. DATE OF DEATH Month 4 Day 20 Year 58
5. SEX M
6. COLOR OR RACE W
7. MARRIED ☒ NEVER MARRIED ☐ WIDOWED ☐ DIVORCED ☐
8. DATE OF BIRTH 12-16-1882
9. AGE (In years last birthday) 75 — IF UNDER 1 YEAR Months Days — IF UNDER 24 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) RETIRED STOVE MAN
10b. KIND OF BUSINESS OR INDUSTRY FURNITURE CO.
11. BIRTHPLACE (City and state or country) WENTZVILLE Mo.
12. CITIZEN OF WHAT COUNTRY? U. S. A.
13a. FATHER'S NAME SIMON BABBITT
13b. MOTHER'S MAIDEN NAME UNK.
14. NAME OF HUSBAND OR WIFE MAMIE BABBITT
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) UNKNOWN (If yes, give war or dates of service)
16. SOCIAL SECURITY NO. 489-05-8733
17. INFORMANT Address: Mamie Babbitt 2024a Mallinckrodt

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) MYOCARDIAL FAILURE — INTERVAL BETWEEN ONSET AND DEATH MINUTES
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b) MYOCARDIAL INFARCTION
DUE TO (c) ARTERIOSCLEROSIS
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)
CARCINOMA OF THE LUNG 420.1H
19. WAS AUTOPSY PERFORMED? YES ☒ NO ☐
20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐
20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)
20c. TIME OF INJURY Hour a.m. p.m. Month, Day, Year
20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
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 3-10-58, to 4-20-58 and last saw ~~her~~ him alive on 4-20-58
Death occurred at 7:15 P m on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) Willy J. Weinstein MD
22b. ADDRESS 216 So. Kingshighway, St. Louis
22c. DATE SIGNED 4-21-58

23a. BURIAL, CREMATION, REMOVAL (Specify) REMOVAL
23b. DATE 4-23-1958
23c. NAME OF CEMETERY OR CREMATORY MEMORIAL PARK
23d. LOCATION (City, town, or county) ST. LOUIS COUNTY (State) MO.

24. FUNERAL DIRECTOR SUEDMEYER & SONS ADDRESS 3934 N. 20TH
25. DATE RECD. BY LOCAL REG. APR 22 '58
26. REGISTRAR'S SIGNATURE Carl Smith MD

(Licensed Embalmer's Statement on Reverse Side)

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.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

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 Herbert J. Gans, Jr.

Licensed Embalmer No. 4800

P. O. Address Kirkwood 27, 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.