

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-61-002797

VS JAN 16 1961

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 237 STATE FILE NUMBER

DATE AMENDED
INSTEAD OF
DOCUMENT
MEDICAL CERTIFICATION
SHOULD READ
BY AFFIDAVIT OF
ITEM NO.

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>St. Louis</u>		c. CITY OR TOWN <u>St. Louis</u>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>Bethesda Hosp.</u>		d. STREET ADDRESS (If outside, give location) <u>4227 Juniata</u>	
3. NAME OF DECEASED (Type or print) First <u>EDWARD</u> Middle <u>E</u> Last <u>BABIN</u>		4. DATE OF DEATH Month <u>1-6-1961</u> Day Year	
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <u>7-30-1888</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Printer</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>E. St. L Journal</u>	11. BIRTHPLACE (City and state or country) <u>White Castle Ky.</u>
13a. FATHER'S NAME <u>Austin Babin</u>		14. NAME OF HUSBAND OR WIFE <u>Etta I Deaton Babin</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (YES or unknown) (If yes, give war or dates of service) <u>YES</u>		17. INFORMANT Address <u>Etta I Babin 4227 Juniata</u>	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Cerebral Thrombosis</u> DUE TO (b) <u>Polycythemia Vera 294 X.F.</u> DUE TO (c) <u>Head full cerebral thrombosis in</u> PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <u>Fracture of 8th rib, right chest wall, line due to fall at home 12/20/60</u>			INTERVAL BETWEEN ONSET AND DEATH <u>10 days</u> <u>3 yrs 7 mos</u> <u>2 yrs ago</u>
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.) <u>above</u>	
20c. TIME OF INJURY Hour <u>11</u> a.m. p.m. Month, Day, Year <u>Jan 6 1961</u>		20f. CITY, TOWN, OR LOCATION COUNTY STATE <u>St. Louis Mo</u>	
21. I attended the deceased from <u>5/30 PM 1/6/61</u> to <u>Jan 6 1961</u> and last saw her him alive on <u>Jan 6 1961</u> Death occurred at <u>5/30 PM 1/6/61</u> m on the date stated above, and to the best of my knowledge, from the causes stated.		22c. DATE SIGNED <u>1/9/61</u>	
22a. SIGNATURE (Degree or title) <u>Max Stackley MD</u>		22b. ADDRESS <u>512 Dow Chase</u>	
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removal</u>		23b. DATE <u>1-10-1960</u>	
23c. NAME OF CEMETERY OR CREMATORY <u>National Cem.</u>		23d. LOCATION (City, town, or county) (State) <u>Lemay J.B. Mo.</u>	
24. FUNERAL DIRECTOR <u>WINGBERMUEHLE</u>		25. DATE RECD. BY LOCAL REG. <u>JAN 9 1961</u>	
26. REGISTRAR'S SIGNATURE <u>Harold Smith M.D.</u>			

3819 S. GRAND - ST. LOUIS, MO. 18

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

Geo J. Kreger

Licensed Embalmer No. 4611

P. O. Address Ham 18

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.