

**MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH**

Do not use this space.

20639

1. PLACE OF DEATH

County..... Registration District No. 791
Township..... Primary Registration District No. 1003
City St. Louis 2mo (No. Home 12.55th Lambert)
St. Ward

File No.
Registered No. 5410.
St. Ward

2. FULL NAME

Springize (Bakchick) Babchick
(a) Residence. No. 12.55th Amberst St., 5 Ward.
(Usual place of abode) (If nonresident, give city or town and State)

Length of residence in city or town where death occurred 27 yrs. mos. ds. How long in U. S., if of foreign birth? 27 yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

SEX <u>Female</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) <u>Widowed</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Widowed</u>		
6. DATE OF BIRTH (MONTH, DAY AND YEAR) <u>Dec 20 1874</u>		
7. AGE <u>55</u>	YEARS <u>5</u>	MONTHS <u>7</u>
8. OCCUPATION OF DECEASED (a) Trade, profession, or particular kind of work. <u>insurance</u> (b) General nature of industry, business, or establishment in which employed (or employer)..... (c) Name of employer.....		
9. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Russia, Podelsk</u>		
PARENTS	10. NAME OF FATHER <u>Shmuel Hersh, Dead</u>	
	11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY) <u>Russia</u>	
	12. MAIDEN NAME OF MOTHER <u>Unknown</u>	
	13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY) <u>Russia</u>	

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) June 2 1930
17. I HEREBY CERTIFY, That I attended deceased from Jan 1 1930, to June 1 1930 that I last saw h. ex. alive on June 1 1930, and that death occurred, on the date stated above, at 12:35 A.M.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Cerebral hemorrhage
9:30
8:20 P.
..... (duration) yrs. mos. 7 ds.

CONTRIBUTORY (SECONDARY) myocarditis chronic
..... (duration) 5 yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED
IF NOT AT PLACE OF DEATH Home
DID AN OPERATION PRECEDE DEATH? No DATE OF.....
WAS THERE AN AUTOPSY? NO
WHAT TEST CONFIRMED DIAGNOSIS Clinical
(Signed) Sister Julia Lake, M. D.
June 2, 1930 (Address) 453 N. Taylor

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) Whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

14. INFORMANT Stake Pavin
(Address) 1285 3 Amberst
15. FILED 1930 May 2 Starkley
REGISTRAR

19. PLACE OF BURIAL, CREMATION, OR REMOVAL Chapel Hill, Emmet DATE OF BURIAL June 4 1930
20. UNDERTAKER Chandler & C. ADDRESS 4122-10th

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

