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18542

MINNESOTA DEPARTMENT OF HEALTH
Division of Vital Statistics

CERTIFICATE OF STILLBIRTH

REGISTERED NO. 199A

1. PLACE OF STILLBIRTH: STATE OF MINNESOTA
a. COUNTY: HENNEPIN
b. TOWNSHIP OR:
c. CITY OR VILLAGE: MINNEAPOLIS
e. LENGTH OF MOTHER'S STAY (in this district): 3 DAYS
d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): UNIVERSITY HOSPITALS

2. USUAL RESIDENCE OF MOTHER (Where does mother live?)
a. STATE: MINN
b. COUNTY: DODGE
c. TOWNSHIP OR:
d. CITY OR VILLAGE: WEST CONCORD
Is residence within its corporate limits? YES ☐ NO ☐
e. P. O. ADDRESS: WEST CONCORD, MINNESOTA
ST.: BOX # 346

3. CHILD'S NAME (Type or Print): BABY BOY BABCOCK

4. SEX: M
5a. THIS BIRTH: SINGLE ☒ TWIN ☐ TRIPLET ☐
5b. IF TWIN OR TRIPLET (This child born): 1ST ☐ 2ND ☐ 3RD ☐
6. DATE OF STILLBIRTH: (Month) 1 (Day) 12 (Year) 52

7. FATHER'S NAME: a. (First) BERT b. (Middle) BRIDGE BOSTON c. (Last) BABCOCK
8. COLOR OR RACE: WH
9. AGE (At time of this birth): 49 YEARS
10. BIRTHPLACE (State or foreign country): ST. PAUL
11a. USUAL OCCUPATION: DRAY LINE
11b. KIND OF BUSINESS OR INDUSTRY: OWN BUSINESS

12. MOTHER'S MAIDEN NAME: a. (First) JULIA b. (Middle) JEANETTE c. (Last) BABCOCK
13. COLOR OR RACE: WH
14. AGE (At time of this birth): 47 YEARS
15. BIRTHPLACE (State or foreign country): ST. PAUL

16. CHILDREN PREVIOUSLY BORN TO THIS MOTHER (Do NOT include this child)
a. How many children are now living? 9
b. How many children were born alive but are now dead? 3
c. How many OTHER children were stillborn (born dead after 20 weeks pregnancy)? 3

17. INFORMANT'S OWN SIGNATURE: TRANSCRIBED FROM U. OF M. HOSPITALS RECORDS BY Stanley V. Alle[illegible]

18a. LENGTH OF PREGNANCY: 37 WEEKS
18b. PREMATURITY: YES ☒ NO ☐
18c. WEIGHT AT BIRTH: 4 LBS. 6 OZS.
18d. CONGENITAL MALFORMATION: YES ☐ NO ☒
19. LEGITIMATE (Specify Yes or No): yes

CAUSE OF STILLBIRTH
State only morbid conditions causing fetal death (do NOT use such terms as Stillbirth, Prematurity, Asphyxia, etc.)
20a. FETAL CAUSES:
20b. MATERNAL CAUSES: Diabetes Mellitus

21. STATE ANY COMPLICATIONS OF PREGNANCY AND LABOR: None
22. STATE ALL OPERATIONS FOR DELIVERY: None

I hereby certify that I attended the birth of this child who was born dead on the date stated above at 5:20 P M.
23a. ATTENDANT'S SIGNATURE (Specify if M.D., midwife, or other): Quincy E. Fortier M.D.
23b. DATE SIGNED: 1-13-52
23c. ATTENDANT'S ADDRESS: Univ. Hospital
If NOT attended by physician — 24. SIGNATURE OF AUTHORIZED OFFICIAL TITLE

25a. BURIAL, CREMATION, REMOVAL (Specify):
25b. DATE:
25c. NAME OF CEMETERY OR CREMATORY:
25d. LOCATION (City, village or county) (State): U of M Anatomy Dept.

DATE FILED BY LOCAL REG.: JAN 15 1952
REGISTRAR'S SIGNATURE: Mildred [illegible] DEPUTY
26. SIGNATURE OF FUNERAL DIRECTOR OR EMBALMER / ADDRESS: U of M Reg 14851

STILLBIRTH—A stillbirth is a delivery of a fetus showing no evidence of life after complete birth (no action of heart, breathing, or movement of voluntary muscle), if the 20th week of gestation has been completed.

WRITE PLAINLY, WITH UNFADING BLACK INK
MARGIN RESERVED FOR BINDING

Signature of Sub-Registrar

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Burial or removal permit issued

No. 64-27
11-15-50 25M