

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

Do not use this space.

13026

**1. PLACE OF DEATH**

County..... Registration District No. **791**  
 Township..... Primary Registration District No. **1003**  
 City, St. Louis (No. 3011 - Wisconsin Ave Ward)

File No. ....  
 Registered No. **3514**

**2. FULL NAME**

Joseph George Balm  
 (a) Residence, No. 3011 Wisconsin Ave, 14 Ward.  
 (Usual place of abode) (If nonresident give city or town and State)

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

**PERSONAL AND STATISTICAL PARTICULARS**

3. SEX Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) Married

5A. If MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Julia Balm

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Apr 10, 1863

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.  
63 | 11 | 25

**8. OCCUPATION OF DECEASED**

(a) Trade, profession, or particular kind of work City Water Worker  
 (b) General nature of industry, business, or establishment in which employed (or employer) Oiler  
 (c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) St. Louis  
 (STATE OR COUNTRY) Mo

10. NAME OF FATHER Joseph Balm

11. BIRTHPLACE OF FATHER (CITY OR TOWN) Germany  
 (STATE OR COUNTRY)

12. MAIDEN NAME OF MOTHER Lena Stehling

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Germany  
 (STATE OR COUNTRY)

14. INFORMANT Julia Balm  
 (Address) 3011 Wisconsin Ave

15. FILED Male Starckoff  
 REGISTRAR

**MEDICAL CERTIFICATE OF DEATH**

16. DATE OF DEATH (MONTH, DAY AND YEAR) Apr 5 1927

17. I HEREBY CERTIFY, That I attended deceased from March 1, 1927, to April 3, 1927, that I last saw him alive on April 3, 1927, and that death occurred, on the date stated above, at 4:15 A.M.

**THE CAUSE OF DEATH\* WAS AS FOLLOWS:**

Cerebral Hemorrhage  
Apoplexy  
 130  
 82 A  
 71 B 2nd American  
 CONTRIBUTORY (SECONDARY) Ch. nephritis  
 (duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED? NOT A PLACE OF DEATH

DID AN OPERATION PRECEDE DEATH? no DATE OF no  
 WAS THERE AN AUTOPSY? no

WHAT TEST CONFIRMED DIAGNOSIS? Egm  
 (Signed) A. S. Fine, M. D.

Apr. 5, 1927 (Address) 1803 Bestblough

\*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.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL Old St. Marcus DATE OF BURIAL Apr 7 1927

20. UNDERTAKER Wacker Haldorff ADDRESS 233 1/2 Bl

WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD

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.

