

REC'D JUN 9 1938

MISSOURI STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

16549

Do not use this space.

1. PLACE OF DEATH

(a) County..... Registration District No. **791**
 (b) Township..... Primary Registration District No. **1003**
 (c) City **ST. LOUIS MO** (d) Street No. **ST. JOHN'S HOSP.** Registered No. **4410**
 (e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME **ANGELA BALKE**

(a) Residence, No. **1009 A. N. BROADWAY** St. **25** (If nonresident, give city or town and State)
 (Usual place of abode, if no street address, write county or city)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX **FEMALE** 4. COLOR OR RACE **WHITE** 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) **SINGLE**

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) **JUNE 23 = 1870**

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
67 10 18

OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. **HOUSE WORK**
 9. Industry or business in which work was done, as saw mill, bank, etc. **AT HOME**
 10. Date deceased last worked at this occupation (month and year) 11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **GERMANY**13. NAME **HENRY BALKE**14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **GERMANY**15. MAIDEN NAME **DONT KNOW**16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **" "**17. INFORMANT (ADDRESS) **Alvina Sander, 1009 N. Broadway**18. BURIAL, CREMATION, OR REMOVAL PLACE **NEW PICKERS** DATE **MAY 14TH 1938**19. FUNERAL DIRECTOR (ADDRESS) **BROCKLAND UND. CO. 1827 HOGAN STR.**20. FILED **MAY 13 1938** **J. F. Bredeck** Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) **MAY 14TH 1938**

22. I HEREBY CERTIFY, That I attended deceased from

, 19, to **May 11**, 19**38**I last saw h. or alive on **May 11**, 19**38** Death is said to have occurred on the date stated above, at **1:45** p. m.

The principal cause of death and related causes of importance were as follows:

Peritonitis - generalized (from ruptured ovarian Cyst)
48
 Date of onset **5/9/38**

Other contributory causes of importance:
Adeno Carcinoma (uterus) Primary Carcinomatosis of hand

Name of operation **Partial Amp. Hand** Date of **3/25/38**What test confirmed diagnosis **laboratory** Was there an autopsy? **Y**

23. If death was due to external causes (violence), fill in also the following:

Accident, suicide, or homicide? _____ Date of injury _____, 19_____

Where did injury occur? _____ (Specify city or town, county, and State)

Specify whether injury occurred in Industry, in home, or in public place.

Manner of injury _____

Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? **no**If so, specify **Pierce W. Powers**(Signed) **Pierce W. Powers** M. D.(Address) **25 3/4 86 Jefferson**

