

REC'D OCT 12 1938

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

30562
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 (d) Street No. 4523 a Ashland St.
(If death occurred in Hospital or Institution, write its name instead of street and number)
(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.

Registered No. **7999**2. PRINT FULL NAME George P. Baltzer

(a) Residence, No. 5072 a Wells St. **6** (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 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 Louisa Baltzer

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Dec. 18 - 1869

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
68 8 20

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Moulder
9. Industry or business in which work was done, as saw mill, bank, etc. Retired
10. Date deceased last worked at this occupation (month and year)..... 11. Total time (years) spent in this occupation 25

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown
Ky.

13. NAME Phillip Baltzer

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Germany

15. MAIDEN NAME Unknown Whitting

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown

17. INFORMANT (ADDRESS) Louisa Baltzer
5072 a Ashland

18. BURIAL, CREMATION, OR REMOVAL PLACE St. Charles Cem DATE Sent. 12, 1938

19. FUNERAL DIRECTOR (NAME) (ADDRESS) Dickmann-Harsh
1905 Union Blvd.

20. FILED SEP - 9 1938 J. B. Rudolph
Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Sent. 8 19 38

22. I HEREBY CERTIFY, That I attended deceased from

..... 19, to, 19

I last saw him alive on Aug 8, 19 38 Death is saidto have occurred on the date stated above, at 2:55 PM

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

Tuberculosis (Pulmonary) Date of onset 1930

Other contributory causes of importance:

Arteriosclerosis 1933

Name of operation..... Date of.....

What test confirmed diagnosis? Staining Was there an autopsy? no

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? ?If so, specify Breathing moulder's dust(Signed) M. J. Jones M. D.(Address) 4500 Chittard

John B. Bly

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

Registered Apprentice No., working under my personal supervision.

Signed

R. M. Sanford

Licensed Embalmer No.

2273

P. O. Address

St. Louis

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 this body is not embalmed, above space should be left blank.