

No. 2
4-13-40
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH
1003

State File No. **37267**
Registrar's No. **9540**

Registration District No. **791**

Primary Registration District No. _____

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH:

(a) County _____

(b) City or town **St. Louis.**
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: **Little Sisters of Poor.**
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution **9 MONTHS**
(Specify whether in this community _____ years, months or days)

FILED DEC 1 1940

2. USUAL RESIDENCE OF DECEASED:

(a) State **Mo.** (b) County _____

(c) City or town **St. Louis.** **20**
(If outside city or town limits, write "RURAL")

(d) Street No. **3225 No. Florissant Ave.**
(If rural, give location)

(e) If foreign born, how long in U. S. A.? _____ years.

3. (a) PRINT FULL NAME **Leonie Baltenweck.**

3. (b) If veteran, name war _____

3. (c) Social Security No. _____

4. Sex **Female**

5. Color or race **White**

6. (a) Single, widowed, married, divorced **Single.**

6. (b) Name of husband or wife _____

6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased **June 10, 1862**
(Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
78	5	9	hr. min.

9. Birthplace **Millstadt, Illinois.**
(City, town, or county) (State or foreign country)

10. Usual occupation **Laundry Worker Retired.**

11. Industry or business _____

MOTHER FATHER { 12. Name **L. JOHN L. Baltenweck.**

13. Birthplace **France.**
(City, town, or county) (State or foreign country)

14. Maiden name **Barbara Babinetier.**

15. Birthplace **France.**
(City, town, or county) (State or foreign country)

16. (a) Informant **Frances Knecht.**

(b) Address **5335 St. Louis Ave.**

17. (a) **Burial.** (b) Date thereof **11-22-40**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Calvary Cemetery**

18. (a) Signature of funeral director **Arthur J. Donnelly**

(b) Address **3840 Lindell Blvd**

19. (a) **NOV 20 1940** (b) _____
(Date received local registrar) (Signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **November** day **19th.**
year **1940** hour **4** minute **P.** M.

21. I hereby certify that I attended the deceased from **Oct 2, 1940** to **Nov 19, 1940**
that I last saw h. **alive on Nov 19, 1940**
and that death occurred on the date and hour stated above.

Immediate cause of death **Chronic Coronic Valvular Disease**

Due to _____

Due to _____

Other conditions **Chronic Parenchymatous Nephritis**
(Include pregnancy within 6 months of death)

PHYSICIAN

Major findings: _____

Of operations _____

Of autopsy _____

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) **no**

(b) Date of occurrence _____

(c) Where did injury occur? _____
(City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? _____

While at work? _____
(Specify type of place) (Specify type of place) (Specify type of injury)

23. Signature **Anthony A. Szymanski** (M. D. or other) **MD**
Address **1825 a Cass Ave** Date signed **11/20/40**

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

Stanley Marshall

Licensed Embalmer No.

2868

P. O. Address

3840 Lindell B

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, fact should be so stated above.