

No. 2
4-13-40
-17-39
X23159

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH
1003

23313

State File No. _____

AUG 28 1941

Registration District No. 791

Primary Registration District No. _____

Registrar's No. 5665

1. PLACE OF DEATH:

(a) County St. Louis
(b) City or town St. Louis
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution 1026 S. 13th St.
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____
(Specify whether _____)
In this community _____
years, months or days 1

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County _____
(c) City or town St. Louis
(If outside city or town limits, write "RURAL")
(d) Street No. 1026 S. 13th St.
(If rural, give location)
(e) If foreign born, how long in U. S. A. 0 years.

3. (a) PRINT FULL NAME Charles Balmer

3. (b) If veteran, name war no. 3. (c) Social Security No. 486-22-5720A

4. Sex Male 5. Color or race white 6. (a) Single, widowed, married, divorced widower

6. (b) Name of husband or wife Emily Balmer 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased: Nov. 26 1865
(Month) (Day) (Year)

8. AGE: Years 75 Months 7 Days 11 If less than one day _____ hr. _____ min.

9. Birthplace St. Louis Mo.
(City, town, or county) (State or foreign country)

10. Usual occupation Maintenance Man

11. Industry or business _____

12. Name Charles Balmer

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

14. Maiden name Theresa Weber

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

16. (a) Informant Emily Drees

(b) Address 3009 Virginia Av.

17. (a) Burial (b) Date thereof 7-10-41
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Bellefontaine Cem. With Bro. L. N. G.

18. (a) Signature of funeral director J. H. Brudich

(b) Address 2919 Jefferson Av.

19. (a) JUL 9 1941 (b) J. H. Brudich
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 7 year 1941 hour 4 minute 35 P. M.

21. I hereby certify that I attended the deceased from 1/13/41 to 7/7/41 and that death occurred on the date and hour stated above.

Immediate cause of death Myocarditis (chronic)

Due to _____

Due to _____

Other conditions (Include pregnancy within 3 months of death) _____

Major findings: Of operations _____

Of autopsy _____

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

(a) Accident, suicide, or homicide (specify) _____

(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) (e) Means of injury _____

23. Signature Andrew H. Klem (M. D. or other) 4. D.P.

Address 4632 So Grand Date signed 7/2/41

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

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

979

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17
9
22
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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.....

Paul A. Shanklin

....., Registered Apprentice No.....

working under my personal supervision.

Signed.....

Paul A. Shanklin

Licensed Embalmer No. *3477*

P. O. Address *2929 S. Jefferson*

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.