

DEC 2 2 1941

Registration District No. **791**

Primary Registration District No. **1003**

Registrar's No. **9270**

1. PLACE OF DEATH:

(a) County **ST. LOUIS MO.**  
(b) City or town **ST. LOUIS MO.**  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution: **ST. ANTHONY HOSPITAL**  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution **4 Days**  
In this community \_\_\_\_\_  
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State **MISSOURI** (b) County **0019**  
(c) City or town **St. Louis.** (If outside city or town limits, write "RURAL") **249**  
(d) Street No. **2910 Keokuk St.** (If rural, give location) **0**  
(e) Citizen of foreign country? \_\_\_\_\_ (Yes or No)  
If yes, name country \_\_\_\_\_

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **NOV.** day **22**  
year **1941** hour **8 30 A.M.** M.

21. I hereby certify that I attended the deceased from **Oct. 5th,** 19 **41** to **Nov. 22nd** 19 **41**,  
that I last saw her alive on **Nov. 22nd,** 19 **41**  
and that death occurred on the date and hour stated above.

Immediate cause of death \_\_\_\_\_  
**Pulmonary Infarct Right Lung - a Pleurisy Condition**  
Due to \_\_\_\_\_  
**cause unknown**

Duration

**4 days**

Other conditions \_\_\_\_\_  
(Include pregnancy within 3 months of death)  
**1105**

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) \_\_\_\_\_ **XX**  
(b) Date of occurrence **XXX**  
(c) Where did injury occur? **XXX** (City or town) (County) (State)  
(d) Did injury occur in or about home, on farm, in industrial place, in public place? \_\_\_\_\_

(Specify type of place) **XXXXX**  
While at work \_\_\_\_\_ (e) Means of injury \_\_\_\_\_  
23. Signature **Dr. H. H. Walters** (M. D. **XXX**)  
Address **3608 S. Grand Blvd.** Date signed **11/22/41**

3. (a) PRINT FULL NAME **ANNA MAY BALEK**

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 **Married**

6. (b) Name of husband or wife **GEORGE BALEK** 6. (c) Age of husband or wife if alive **34** years

7. Birth date of deceased **April 6th 1909**  
(Month) (Day) (Year)

8. AGE: Years **32** Months **7** Days **16**  
If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

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

10. Usual occupation **At Home**

11. Industry or business **Housewife.**

12. Name **John Martinek**

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

14. Maiden name **Anna Tiekwart**

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

16. (a) Informant **GEORGE BALEK**

(b) Address **2910 Keokuk St.**

17. (a) **Burial** (b) Date thereof **Nov 24th / 41**  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Hawk Point Mo.**

18. (a) Signature of funeral director **Thor Curtis & Son**

(b) Address **2906 Gravois Ave.**

19. (a) **NOV 23 1941** (b) **J. P. Brudick**  
(Date received local registrar) (Registrar's signature)

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

MOTHER FATHER

**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

*David. Van Fossan*

Registered Apprentice No.

*280.*

working under my personal supervision.

Signed

*David Van Fossan*

Licensed Embalmer No.

*1619*

P. O. Address

*2906 Grove*

**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.**