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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. _____
Registrar's No. **10218**

FILED DEC 31 1943
Registration District No. **3143**

Primary Registration District No. **1003**

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

1. PLACE OF DEATH:
(a) County _____
(b) City or town St. Louis, Missouri
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: St. Louis City Hospital
Max C. Starkloff Memorial
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 1 Mo. 5 Days
(Specify whether _____)
In this community _____
years, months or days 0

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County _____
(c) City or town St. Louis
(If outside city or town limits, write "RURAL")
(d) Street No. 1819 S. 14th St
(If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME Josephine Balven
3. (b) If veteran, _____ **3. (c) Social Security** _____
name war none No. 492-01-0194

4. Sex Female **5. Color or race** White
6. (a) Single, widowed, married, _____ **6. (c) divorced, Divorced**
6. (b) Name of husband or wife George **6. (c) Age of husband or wife if** _____
alive _____ years
7. Birth date of deceased February 18, 1892
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
51 9 2 hr. _____ min.

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

10. Usual occupation Corrugator

11. Industry or business Gaylord Container Corp.
12. Name Adolph Herbster
13. Birthplace St. Louis, Mo.
(City, town, or county) (State or foreign country)
14. Maiden name Mary Casenover
15. Birthplace Unknown
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. E. Hawkenbery
(b) Address Tacoma, Washington

17. (a) Cremation **(b) Date thereof** 11-23-43
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Valhalla Crematory

18. (a) Signature of funeral director W. B. D. L. W.
(b) Address 2927 S. Jefferson

19. (a) NOV 22 1943 **(b)** _____
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month November day 20,
year 1943 hour 8:15 minute _____ P. _____ M. _____
21. I hereby certify that I attended the deceased from October
15, 1943 to November 20, 1943;
that I last saw her alive on November 20, 1943;
and that death occurred on the date and hour stated above.

Immediate cause of death _____
nephrosclerosis

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 John P. Pope (M. D. or other) _____
Address 1515 Lafayette Avenue Date signed 11/22/43

Duration _____
PHYSICIAN _____
Underline the cause to which death should be charged statistically.

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

Edgar F. Witt

Licensed Embalmer No. *2167*

P. O. Address *2929 S. Jefferson Ave*

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.