V. S. No. 2
00M—8-43
ev. 5-17-39
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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED OCT 23 1944

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 32029

Registration District No. 818 | Primary Registration District No. 1003 | Registrar's No. 8718

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:
2333 Maiden Lane.
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution (Specify whether years, months or days)
In this community 1

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County 17
(c) City or town St. Louis, Mo. 209
(If outside city or town limits, write "RURAL")
(d) Street No. 2333 Maiden Lane.
(If rural, give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country 0

3. (a) PRINT FULL NAME Charles Balmer.
3. (b) If veteran, name war
3. (c) Social Security No.
4. Sex M. 0
5. Color or race W.
6. (a) Single, widowed, married, divorced Widower.
6. (b) Name of husband or wife Frances Balmer.
6. (c) Age of husband or wife if alive years
7. Birth date of deceased August (Month) 24th. (Day) 1857 (Year)

8. AGE:

Years	Months	Days	If less than one day
87	1	19	hr. min.

9. Birthplace St. Louis. (City, town, or county) 0 (State or foreign country)
10. Usual occupation Foreman.
11. Industry or business Falstaff Brewing Co.

FATHER
12. Name Charles Balmer.
13. Birthplace Germany. (City, town, or county) 4 (State or foreign country)

MOTHER
14. Maiden name Mary Unknown.
15. Birthplace St. Louis Mo. (City, town, or county) 0 (State or foreign country)

16. (a) Informant Rose Balmer.
(b) Address 2333 Maiden Lane.
17. (a) Burial. (Burial, cremation, or removal) (b) Date thereof 10-16-44 (Month) (Day) (Year)
(c) Place: burial or cremation Bethany Cemetery.
18. (a) Signature of funeral director Arthur J. Donnelly
(b) Address 3840 Lindell Blvd
19. (a) OCT 13 1944 (Date received local registrar) (b) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month October day 13th. year 1944 hour 6:00 minute A. M.
21. I hereby certify that I attended the deceased from 3-20-44, 19 to 10-13, 1944 that I last saw him alive on 10-13-44, 19; and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Chr. Myocarditis & Congestive Heart Failure	
Due to Arteriosclerosis	
Due to Hypertension	
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations	
Of autopsy	

PHYSICIAN — 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)
(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? (Specify type of place)
While at work? (e) Means of injury

23. Signature L. L. Hayden (M. D. or other) MD
Address 5899 Delmar Date signed 10/13/44

(Licensed Embalmer's Statement on Reverse Side)

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

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.