

U. S. No. 2
FORM-2-43
Rev. 5-17-39
X 35897

DEPARTMENT OF COMMERCE

BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

10515

State File No.

FILED MAR 31 1947

Registration District No. #69234 318

Primary Registration District No. 100E

Registrar's No. 2847

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. Stark off
(If not in hospital or institution, write street number or location) Memorial

(d) Length of stay: In hospital or institution _____
(Specify whether

In this community _____
years, months or days)

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. 1058 Garth Ave
(If rural, give location)

(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME LENA BALZER

3. (b) If veteran, name war None

3. (c) Social Security No. None

4. Sex Female 5. Color or race White

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

6. (b) Name of husband or wife Joseph Balzer

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

7. Birth date of deceased July 9, 1879
(Month) (Day) (Year)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 15th
year 1947 hour 9:05 minute _____ M.

21. I hereby certify that I attended the deceased from 3/13/47 to 3/15/47, 19____; that I last saw her alive on 3/15/47, 19____; and that death occurred on the date and hour stated above.

8. AGE: Years Months Days If less than one day

<u>67</u>	<u>8</u>	<u>6</u>	hr. _____ min.
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9. Birthplace St. Louis Mo.
(City, town, or county) (State or foreign country)

10. Usual occupation At home

Immediate cause of death:
Bronchopneumonia

Duration 1 week

Due to _____

Due to _____

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

11. Industry or business _____

12. Name Frederick Altwater

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

14. Maiden name Caroline Franke

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

16. (a) Informant Mrs Cathryn Schlettler

(b) Address 1058 Garth Ave

17. (a) Burial (b) Date thereof 3/19/47
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Concordia Cemetery

18. (a) Signature of funeral director Math Hermann & Son, Inc.

(b) Address 2161 East Fair Ave

19. (a) MAR 24 1947 (b) J. F. Brudner
(Date received by local Registrar) (Registrar's signature)

Major findings:
Of operations _____

Of autopsy Same

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? _____

23. Signature J. F. Brudner 3/17/47
(M. D. or other) (Date signed)

Address _____

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 William G. Bushholz
Licensed Embalmer No. 2110
P. O. Address St. Louis 910

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.