

FILED JUL 7 1947
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THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

22046

State File No. _____

Registration District No. _____

Primary Registration District No. _____

1003

Registrar's No. 6249

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. John's Hospital
(If no hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 3 days
In this community _____
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County St. Louis
(c) City or town St. Louis
(If outside city or town limits, write "RURAL")
(d) Street No. St. John's Hospital
(If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME Joseph F. Baloun

3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

4. Sex M. 5. Color or race W. 6. (a) Single, widowed, married, divorced M.
6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive 59 years
7. Birth date of deceased October 29 - 1880
(Month) (Day) (Year)

8. AGE: Years 66 Months 8 Days 1 If less than one day hr. _____ min. _____

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

10. Usual occupation Jeweler

11. Industry or business _____

12. Name Jos. W. Baloun
13. Birthplace Prague, Czechoslovakia
(City, town, or county) (State or foreign country)
14. Maiden name Selena Bettingheimer
15. Birthplace New York, N. Y.
(City, town, or county) (State or foreign country)

16. (a) Informant M. Perkins
(b) Address Steeleville, Mo.

17. (a) burial (b) Date thereof 7-1-47
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Steeleville, Mo.

18. (a) Signature of funeral director Alexander Souda
(b) Address 6175 Delmar

19. (a) JUN 30 1947 (b) J. F. Brennan
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 30 year 1947 hour 7 A.M. minute 47

21. I hereby certify that I attended the deceased from June 27 - 1947 to June 30 - 1947
that I last saw him alive on June 29 1947
and that death occurred on the date and hour stated above.

Immediate cause of death: Cerebral Apoplexy
Arterio Sclerosis

Due to _____
Due to _____
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? _____

23. Signature J. F. Brennan While at work? _____
Address 4145 N. Steeleville (M. D. or other) _____
(Date signed) June 24

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

MOTHER, FATHER

JUL 31 1947

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 jos. E Mc Culloch

Licensed Embalmer No. 2460

P. O. Address 6175 Delmar

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.