No. 2
-1/47
-17-39

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

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

FILED SEP 2 1947

Registration District No. 318

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 1003

State File No. 28817

Registrar's No. 7866

1. PLACE OF DEATH:

(a) County

(b) City or town St. Louis 11 Bl. (If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution 2052 Russell Bl. (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

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. 2052 Russell Bl. (If rural, give location)

(e) Citizen of foreign country? (Yes or No)

If yes, name country

3. (a) PRINT FULL NAME Augusta Balzer

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 Widowed

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

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

7. Birth date of deceased February 17, 1858 (Month) (Day) (Year)

8. AGE: Years	Months	Days	If less than one day
89	5	29	hr. min.

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

10. Usual occupation Housewife

11. Industry or business

MOTHER FATHER

12. Name Louis Ottenad

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

14. Maiden name Louise McHose

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

16. (a) Informant Mrs. Emily Hazel

(b) Address 2052 Russell Bl.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Aug. 20, 1947 (Month) (Day) (Year)

(c) Place: burial or cremation SS Peter & Paul Cemetery

18. (a) Signature of funeral director Weick Bro. Und. Co.

(b) Address 2201 S. Grand Bl.

19. (a) AUG 19 1947 (Date received local registrar) (b) J. F. Brodeck (Registrar's Signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month August day 16 year 1947 hour 11 minute P. M.

21. I hereby certify that I attended the deceased from June 18, 1947 to 8/16/47 and that I last saw her alive on 8/16/47 and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Cardiac Collapse	1 week
Due to: Chr. Myocarditis	
Fatigility	
Due to:	
Other conditions (Include pregnancy within 3 months of death): Fractured Rt. Hip	2 Mos.

Major findings:
Of operations: No
Of autopsy: No

PHYSICIAN — Underline the cause of which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) Accident

(b) Date of occurrence June 18, 1947

(c) Where did injury occur? Her Home (City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? See above (Specify type of place)

(e) While at work? No. (f) Means of injury Fall

23. Signature Dr. L. Hoffman (M. D. or other)

Address 2621 S. Jefferson Date signed 8/18/47

Jefferson City Printing Co.

(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 James R. Dunn, Registered Apprentice No. 403 working under my personal supervision.

Signed [illegible]

Licensed Embalmer No. 3722

P. O. Address 2201 S. Grand Bl.

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.