

National Office of Vital Statistics  
FILED JAN 13 1949

1003

Registration District No. **318**

Primary Registration District No. ....

Registrar's No. ....

1. PLACE OF DEATH:  
(a) County St. Louis  
(b) City or town St. Louis  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution:  
Missouri Pacific Hosp  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution 25 days  
(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:  
(a) State Illinois (b) County McLean  
(c) City or town Normal  
(If outside city or town limits, write "RURAL")  
(d) Street No. 712 Osage  
NR (If rural, give location)  
(e) Citizen of foreign country? \_\_\_\_\_ (Yes or No)  
If yes, name country \_\_\_\_\_

3: (a) PRINT FULL NAME LOUIS OTTO BALLE  
3. (b) If veteran, name war \_\_\_\_\_  
3. (c) Social Security No. \_\_\_\_\_

MEDICAL CERTIFICATION  
20. DATE OF DEATH: Month 12 day 31  
year 1948 hour 3 minute 55 P.M.  
21. I hereby certify that I attended the deceased from 12  
6, 1948, to 12/31, 1948  
that I last saw him alive on 7/2/31, 1948  
and that death occurred on the date and hour stated above.

4. Sex Male 5. Color or race White  
6. (a) Single, widowed, married, divorced married  
6. (b) Name of husband or wife Clara  
6. (c) Age of husband or wife if alive \_\_\_\_\_ years  
7. Birth date of deceased 3 2 1881  
(Month) (Day) (Year)

Immediate cause of death  
PULMONARY EMBOLISM  
Due to Benign Prostate Hypertrophy  
Due to Hypertensive heart Disease  
Other conditions Had suprapubic Prostatectomy  
(Include pregnancy within 3 months of death)  
Major findings:  
Of operations 4/40  
Of autopsy as above  
Duration \_\_\_\_\_  
PHYSICIAN \_\_\_\_\_  
Underline the cause to which death should be charged statistically.

8. AGE: Years Months Days If less than one day  
67 9 29 hr. \_\_\_\_\_ min. \_\_\_\_\_

9. Birthplace Bloomington Illinois  
(City, town, or county) (State or foreign country)

10. Usual occupation Mechanic

11. Industry or business 3 M & O Ry

12. Name Ernest Balle

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

14. Maiden name Wena  
(City, town, or county) (State or foreign country)

15. Birthplace Bloomington Illinois  
(City, town, or county) (State or foreign country)

16. (a) Informant Robert Balle

(b) Address Normal Ill

17. (a) Removal (b) Date thereof 1-1-49  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Bloomington Ill

18. (a) Signature of funeral director Flossbach-Kurth

(b) Address Bloomington Illinois

19. (a) 1-2-1949 (b) J. W. Foster  
(Date received local registrar) (Registrar's signature)

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 G. J. Stuyt (M. D. or other)  
Address 1755 S. 3rd St. Normal, Mo Date signed 1/1/49

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

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**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.

*Not Embalmed*

Signed.....

Licensed Embalmer No.....

P. O. Address.....

**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.**