

FILED MAR 5 1949

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

5927

318

1003

State File No. \_\_\_\_\_

Registrar's No. 1546

BIRTH NO. _____		REG. DIST. NO. 318		PRIMARY REG. DIST. NO. _____		Registrar's No. 1546	
1. PLACE OF DEATH a. COUNTY _____				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Mo. b. COUNTY _____			
b. CITY (If outside corporate limits, write RURAL and give township) <i>St. Louis, Mo.</i>		c. LENGTH OF STAY (in this place) _____		c. CITY (If outside corporate limits, write RURAL and give township) <i>St. Louis</i>			
d. FULL NAME OF HOSPITAL OR INSTITUTION <i>Enroute to City Hospital 3</i>				d. STREET ADDRESS (If rural, give location) <i>4056 McPherson Ave.</i>			
3. NAME OF DECEASED (Type or Print) a. (First) <i>Charles</i>		b. (Middle) <i>A.</i>		c. (Last) <i>Balmer</i>		4. DATE OF DEATH (Month) (Day) (Year) <i>Feb. 17, 1949</i>	
5. SEX <i>M. O</i>		6. COLOR OR RACE <i>W</i>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <i>M.</i>		8. DATE OF BIRTH <i>1896-AM-53</i>	
9a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>Shoe Worker</i>		9b. KIND OF BUSINESS OR INDUSTRY _____		11. BIRTHPLACE (State or foreign country) <i>St. Louis, Mo. O</i>		12. CITIZEN OF WHAT COUNTRY? _____	
13a. FATHER'S NAME <i>Louis Balmer</i>			13b. MOTHER'S MAIDEN NAME <i>Alice Boyle</i>			14. NAME OF HUSBAND OR WIFE <i>Clara Balmer</i>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <i>no</i>		16. SOCIAL SECURITY NO. _____		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <i>Mrs. Clara Balmer, 4056 McPherson Ave.</i>			
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)  <i>*This does not mean the mode of dying, such as heart failure, ashenia, etc. It means the disease, injury, or complication which caused death.</i>		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <i>myocarditis, chr</i> ANTECEDENT CAUSES <i>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.</i> DUE TO (b) _____ DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS <i>Conditions contributing to the death but not related to the disease or condition causing death.</i>				INTERVAL BETWEEN ONSET AND DEATH <i>year</i>	
19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION <i>H222</i>				20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify) _____		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) _____		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) _____			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) _____		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? _____			
22. I hereby certify that I attended the deceased from <i>June 14, 1948</i> to <i>Feb 17, 1949</i> , that I last saw the deceased alive on <i>Feb 16, 1949</i> , and that death occurred at _____ m., from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) <i>Clare B. Kane M.D.</i>				23b. ADDRESS <i>206 Walton</i>		23c. DATE SIGNED <i>2/17/49</i>	
24a. BURIAL, CREMATION, OR REMOVAL (Specify) <i>Burial</i>		24b. DATE <i>Feb. 21, 1949</i>		24c. NAME OF CEMETERY OR CREMATORY <i>Calvary Cemetery</i>		24d. LOCATION (City, town, or county) (State) <i>St. Louis, Mo.</i>	
DATE REC'D BY LOCAL HEALTH DEPT. <i>FEB 17 1949</i>		REGISTRAR'S SIGNATURE <i>J. B. Faseta</i>		FUNERAL DIRECTOR'S SIGNATURE <i>Arthur W. ...</i>		ADDRESS <i>Lindell Blvd.</i>	

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

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706 Walton Ave

**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.....

..... Student Embalmer No. ....

working under my personal supervision.

Signed..... *W H Van Matre*

Signed.....  
Student Embalmer

Licensed Embalmer No. *2825*

P. O. Address *4340 Lafayette*

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.