

FILED FEB 24 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

5965

State File No. _____

BIRTH NO. _____ REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003 Registrar's No. 1470

1. PLACE OF DEATH
a. COUNTY _____

2. USUAL RESIDENCE (Where deceased lived, if institution: residence before admission)
a. STATE Missouri b. COUNTY _____

b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN ST. Louis, c. LENGTH OF STAY (in this place) 3-31-49

c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN ST. LOUIS 2189

d. FULL NAME OF HOSPITAL OR INSTITUTION: City Infirmiry Hosp. 73-49

d. STREET ADDRESS (If rural, give location) 10 3927 N. TAYLOR

3. NAME OF DECEASED
a. (First) George b. (Middle) _____ c. (Last) Balmer

4. DATE OF DEATH (Month) (Day) (Year) Feb. 13 1950

5. SEX MALE

6. COLOR OR RACE WHITE

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) WIDOWED

8. DATE OF BIRTH FEB. 5 1861

9. AGE (In years last birthday) (Months) (Days) (Hours) (Mins.) 89 - 8

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Box WORKER

10b. KIND OF BUSINESS OR INDUSTRY LLOYD LANG Box

11. BIRTHPLACE (State or foreign country) PARIS FRANCE 5

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13a. FATHER'S NAME GEORGE BALMER

13b. MOTHER'S MAIDEN NAME KATHERINE Venelle

14. NAME OF HUSBAND OR WIFE ELIZABETH BALMER

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give year or dates of service) _____

16. SOCIAL SECURITY NO. NONE

17. INFORMANT'S SIGNATURE OR NAME ADDRESS JOHN BALMER 3927 N. TAYLOR

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Hyper nephroma, rt. kidney 1/2 yr.
ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) wil generalized metastasis
DUE TO (c) _____
II. OTHER SIGNIFICANT CONDITIONS:
Conditions contributing to the death but not related to the disease or condition causing death.

INTERVAL BETWEEN ONSET AND DEATH _____

19a. DATE OF OPERATION _____

19b. MAJOR FINDINGS OF OPERATION _____

20. AUTOPSY? YES NO

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) 180X

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) _____

21e. INJURY OCCURRED WHILE AT WORK NOT WHILE AT WORK

21f. HOW DID INJURY OCCUR _____

22. I hereby certify that I attended the deceased from Mar. 31 49 to Feb. 13 50, that I last saw the deceased alive on Feb. 13 1950, and that death occurred at 1920A in, from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) Masao Ohnishi M.D.

23b. ADDRESS 5800 Arsenal

23c. DATE SIGNED 2/13/50

24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL

24b. DATE FEB. 16 1950

24c. NAME OF CEMETERY OR CREMATORY ST. MATTHEW'S CEM.

24d. LOCATION (City, town, or county) (State) ST. LOUIS MO

DATE REC'D BY LOCAL REG. FEB 14 1950 REGISTRAR'S SIGNATURE J. W. Balmer

25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Thomas Kuteis 2906 Leavies

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

14-10-0
1-1-10

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.

Student

Student Embalmer

Signed

Geo J. Budd

Licensed Embalmer No. *3989*

P. O. Address *St. Louis, Mo.*

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.