

FILED AUG 23 1952

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

30340

State File No. ....

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 317 PRIMARY REG. DIST. NO. 590 Registrar's No. 2192

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

1. PLACE OF DEATH a. COUNTY <b>Saint Louis</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>Missouri</b> b. COUNTY <b>St. Louis</b>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Pine Lawn</b>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Pine Lawn</b>	
c. LENGTH OF STAY (In this place) <b>26 Years</b>		d. STREET ADDRESS (If rural, give location) <b>3512 Oakdale Avenue, 20</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>3512 Oakdale Avenue, 20,</b>		4. DATE OF DEATH (Month) <b>Aug.</b> (Day) <b>18th,</b> (Year) <b>1952</b>	
3. NAME OF DECEASED a. (First) <b>Irma</b> (Type or Print)		b. (Middle) <b>L.</b>	
c. (Last) <b>Balthasar</b>		5. SEX <b>Female</b>	
6. COLOR OR RACE <b>White</b>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Married</b>	
8. DATE OF BIRTH <b>June 19th, 1903</b>		9. AGE (In years) <b>49</b> (last birthday) IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Housework</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>Own Home</b>	
11. BIRTHPLACE (State or foreign country) <b>St. Louis, Missouri</b>		12. CITIZEN OF WHAT COUNTRY? <b>USA</b>	
13a. FATHER'S NAME <b>Herbert C. Lawler</b>		13b. MOTHER'S MAIDEN NAME <b>Eula Young</b>	
14. NAME OF HUSBAND OR WIFE <b>George J. Balthasar</b>		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <b>No</b> (If yes, give war or dates of service) <b>None</b>	
16. SOCIAL SECURITY NO. <b>Unknown</b>		17. INFORMANT'S SIGNATURE OR NAME <b>George J. Balthasar, 3512 Oakdale Ave., 20</b> ADDRESS	
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, ashenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION 1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Brain tumor - Glioblastoma</b> INTERVAL BETWEEN ONSET AND DEATH <b>1 year</b> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____ 2. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <b>R93.31X</b>	
19a. DATE OF OPERATION <b>8/27/51</b>		19b. MAJOR FINDINGS OF OPERATION <b>Glioblastoma</b>	
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" 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) (m.)		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 <b>Sept. 1946</b> to <b>Aug. 18, 1952</b> , that I last saw the deceased alive on <b>Aug. 15, 1952</b> , and that death occurred at <b>1:45P</b> m., from the causes and on the date stated above.	
23a. SIGNATURE (Name or title) <b>Charles W. Mackay M.D.</b>		23b. ADDRESS <b>4020 N. Flouissant Ave.</b>	
23c. DATE SIGNED <b>8/19/52</b>		24a. NAME OF CEMETERY OR CREMATORY <b>Oak Grove Cemetery</b>	
24b. DATE <b>8/21/52</b>		24c. LOCATION (City, town, or county) (State) <b>St. Louis County, Missouri</b>	
24d. DATE REC'D BY LOCAL REG. <b>8-20-52</b>		24e. REGISTRAR'S SIGNATURE <b>Herbert R. Donke MD</b>	
24f. FUNERAL DIRECTOR'S SIGNATURE <b>Calvin F. Feutz, 4828 Natural Bridge Blvd.</b>		24g. ADDRESS	

Dr. will be there at 12:00 Noon Tuesday

File in St. Louis County.

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 Ralph E. Lindner

Licensed Embalmer No. 4275

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.