

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 37144

FILED OCT 29 1952

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 317 PRIMARY REG. DIST. NO. 547 Registrar's No. 2630

1. PLACE OF DEATH a. COUNTY ST LOUIS		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE ILLINOIS		b. COUNTY ST CLAIR	
b. CITY (If outside corporate limits, write RURAL and give township) RICHMOND HEIGHTS		c. LENGTH OF STAY (in this place) 4 HOURS		c. CITY (If outside corporate limits, write RURAL and give township) BELLEVILLE	
d. FULL NAME OF HOSPITAL OR INSTITUTION ST MARYS		d. STREET ADDRESS (If rural, give location) 202 1/2 E. GRANT			

3. NAME OF DECEASED (Type or Print)			4. DATE OF DEATH		
a. (First) RODNEY	b. (Middle) CHARLES	c. (Last) BALCH	(Month) 10	(Day) 11	(Year) 1952
5. SEX M	6. COLOR OR RACE W	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) NEVER MARRIED	8. DATE OF BIRTH 10-9-1952		9. AGE (In years last birthday) 2
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) NONE		10b. KIND OF BUSINESS OR INDUSTRY NONE		11. BIRTHPLACE (State or foreign country) ILLINOIS	12. CITIZEN OF WHAT COUNTRY? USA

13a. FATHER'S NAME LORAN BALCH		13b. MOTHER'S MAIDEN NAME PATSY JOHNSON		14. NAME OF HUSBAND OR WIFE NONE	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) NO		16. SOCIAL SECURITY NO. NONE		17. INFORMANT'S SIGNATURE OR NAME Loran L. Balch	
				ADDRESS Belleville, Ill.	

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, asthenia, etc. It means the disease, injury, or complication which caused death.		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) MEDICAL CERTIFICATION Congenital heart disease			INTERVAL BETWEEN ONSET AND DEATH 36 hrs.
		ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last.			
		DUE TO (b) _____			
		DUE TO (c) _____			
		II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			7544

19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION			20. AUTOPSY? YES <input checked="" 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 Oct. 9, 1952, to Oct. 11, 1952, that I last saw the deceased alive on Oct 11, 1952, and that death occurred at 5:00 A.M., from the causes and on the date stated above.

23a. SIGNATURE M. F. Haines, MD		23b. ADDRESS Belleville, Illinois		23c. DATE SIGNED 10/11/52	
24a. BURIAL, CREMATION, REMOVAL (Specify) REMOVAL		24b. DATE 10-11-52		24c. NAME OF CEMETERY OR CREMATORY WAGNUT HIGHL	
				24d. LOCATION (City, town, or county) (State) BELLEVILLE ILL.	

DATE REC'D BY LOCAL REG. 10-17-52		REGISTRAR'S SIGNATURE Herbert R. Dombro		25. FEDERAL DIRECTOR'S SIGNATURE H. C. Penner	
				ADDRESS 1200 N. 11th St. Belleville, Ill.	

52V (Licensed Embalmer's Statement on Reverse Side)

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

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

*not embalmed*  
working under my personal supervision.

Student Embalmer No.....

Signed.....

*Geo. Reimer*

Licensed Embalmer No.....

*20314*

P. O. Address.....

*Belleville Ills*

Signed.....  
Student Embalmer

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.