

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

41075

State File No. _____

FILED DEC 1 1952

BIRTH NO. _____ REG. DIST. NO. 307 PRIMARY REG. DIST. NO. 500 Registrar's No. 2954

1. PLACE OF DEATH a. COUNTY <u>St. Louis</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>MISSOURI</u> b. COUNTY <u>St. Louis</u>	
b. CITY (If outside corporate limits, write RURAL and give township) <u>LEMAY Mo</u>	c. LENGTH OF STAY (In this place) <u>10 YRS</u>	c. CITY (If outside corporate limits, write RURAL and give township) <u>LEMAY</u> <u>486 0/2</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>800 AVENUE H</u>		d. STREET ADDRESS (If rural, give location) <u>800 AVENUE H</u>	

3. NAME OF DECEASED (Type or Print) a. (First) <u>GEORGE</u> b. (Middle) <u>S.</u> c. (Last) <u>BALEK</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>Nov. 16 1952</u>
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5. SEX <u>MALE</u>	6. COLOR OR RACE <u>WHITE</u>	7. MARRIED NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>MARRIED</u>	8. DATE OF BIRTH <u>DEC. 3 1906</u>	9. AGE (In years last birthday) <u>45</u>	IF UNDER 1 YEAR Months Days	IF UNDER 2 HRS. Hours Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>UPHOLSTERER</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>JACK DIAMOND</u>	11. BIRTHPLACE (City and State or Foreign Country) <u>MISSOURI</u>	12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>
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13a. FATHER'S NAME <u>FRANK BALEK</u>	13b. MOTHER'S MAIDEN NAME <u>MARY CERVANKA</u>	14. NAME OF HUSBAND OR WIFE <u>MILDRED BALEK</u>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>YES</u>	16. SOCIAL SECURITY NO. <u>494-07-7923</u>	17. INFORMANT'S SIGNATURE OR NAME <u>MILDRED BALEK LEMAY</u>	ADDRESS <u>Mo</u>
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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, asphyxia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>self-inflicted shotgun wound of left chest from 12 gauge Higgins</u> DUE TO (b) <u>3 shot repeating gun in bedroom of his home - found by Douglas Dudgeon, a relative.</u> DUE TO (c) <u>Douglas Dudgeon, a relative.</u>		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION <u>E976X</u>	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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21a. ACCIDENT SUICIDE HOMICIDE <u>SUICIDE</u>	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>Home</u>	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>Lemay St. Louis Mo.</u>
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21d. TIME OF INJURY <u>11-16-52 5:30 p.m.</u>	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	21f. HOW DID INJURY OCCUR? <u>self-inflicted shotgun wound</u>
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22. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at _____ m., from the causes and on the date stated above.

23. SIGNATURE <u>Arnold J. Willmann, Coroner</u>	(Degree or title)	23b. ADDRESS <u>Clayton, Missouri</u>	23c. DATE SIGNED <u>11-18-52</u>
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24a. BURIAL CREMATION REMOVAL <u>REMOVAL</u>	24b. DATE <u>Nov. 20 1952</u>	24c. NAME OF CEMETERY OR CREMATORY <u>ST. MARY CEM. HAWKPOINT, Mo</u>	24d. LOCATION (City, town, or county) (State)
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DATE REC'D BY LOCAL REG. <u>11-17-52</u>	REGISTRAR'S SIGNATURE <u>Herbert R. Gomb</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>Miss Thomas Rutis</u>	ADDRESS <u>2906 Leavitt</u>
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(Licensed Embalmer's Statement on Reverse Side)

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

4000

No. 300
EV. 110-48

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 James C. Hill

Licensed Embalmer No. 434 J

P. O. Address 2906 Georgia

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.