

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **35104**
Registrar's No. **9051**

FILED OCT 26 1954

318

1003

BIRTH NO. _____ REG. DIST. NO. _____ PRIMARY REG. DIST. NO. _____

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, MO.**

c. CITY OR TOWN **St. Louis, Mo.**
d. Is residence within limits of a city or incorporated town? Yes No

c. LENGTH OF STAY (In this place) **24 HOURS**
d. FULL NAME OF HOSPITAL OR INSTITUTION **ST. LOUIS CITY HOSPITAL #1**

e. STREET ADDRESS (If rural, give location) **# 20 North 6th.**
2219

3. NAME OF DECEASED
a. (First) **WILLIAM** b. (Middle) **H.** c. (Last) **BALMER**

4. DATE OF DEATH (Month) (Day) (Year)
Oct. 3, 1954

5. SEX **Male** 6. COLOR OR RACE **White**

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

8. DATE OF BIRTH **Oct., 20, 1868**

9. AGE (In years last birthday) **85**
If UNDER 1 YEAR: Months _____ Days _____
If UNDER 100 HRS. Hours _____ Min. _____

10a. USUAL OCCUPATION (Give kind of work during most of working life, even if retired) **Ice Cream Maker**

10b. KIND OF BUSINESS OR INDUSTRY **Retired**

11. BIRTHPLACE (City and State or Foreign Country) **Kentucky**

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

13a. FATHER'S NAME **Unknown**

13b. MOTHER'S MAIDEN NAME **Unknown**

14. NAME OF HUSBAND OR WIFE _____

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. _____

17. INFORMANT'S SIGNATURE OR NAME ADDRESS
Henry L. Balmer, Rt.# 1, Arnold, Mo.

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) **Peritonitis**
ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) **Perforation of Small Bowel**
DUE TO (c) **Intestinal Adhesions due to Adhesions.**

INTERVAL BETWEEN ONSET AND DEATH
4 days
4 days

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)

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

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

21f. HOW DID INJURY OCCUR? **5705**

22. I hereby certify that I attended the deceased from **Oct. 2, 1954** to **Oct. 3, 1954**, that I last saw the deceased alive on **Oct. 3, 1954**, and that death occurred at **7:15 Pm.**, from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) **Robert V. Smith**

23b. ADDRESS **1515 Lafayette Ave.**

23c. DATE SIGNED _____

24a. BURIAL, CREMATION, REMOVAL, OR DISPOSITION (Specify) **BURIAL**

24b. DATE **10-6-1954**

24c. NAME OF CEMETERY OR CREMATORY **New St. Marcus Cemetery**

24d. LOCATION (City, town, or county) (State) **St. Louis, Missouri**

DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE **OCT 6 1954**

REGISTRAR'S SIGNATURE **J. Earl Smith**

25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS **McLaughlin Funeral Home, Inc. 301 Lafayette St. St. Louis, Mo.**

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 Student Embalmer No. working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed *L. R. Cooper*.....

Licensed Embalmer No. *363*.....
P. O. Address *2301 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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.