.300
.48

FILED APR 27 1955

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 13086

BIRTH NO. _____ REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003 Registrar's No. 2569

1. PLACE OF DEATH
a. COUNTY
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): ST. LOUIS
c. LENGTH OF STAY (In this place): 2 DAYS
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): ST. ANTHONY HOSPITAL

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: MISSOURI
b. COUNTY: ST. LOUIS
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): LEMAY 4871
d. STREET ADDRESS (If rural, give location): 407 W. RIPA AVENUE

3. NAME OF DECEASED (Type or Print)
a. (First): CLARENCE
b. (Middle): J.
c. (Last): BALTZ

4. DATE OF DEATH (Month) (Day) (Year): MARCH 20.1955

5. SEX: MALE
6. COLOR OR RACE: WHITE
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): MARRIED
8. DATE OF BIRTH: JULY 11,1897
9. AGE (In years last birthday): 57
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): MACHINE OPERATOR
10b. KIND OF BUSINESS OR INDUSTRY: WESTERN WIRE CO.
11. BIRTHPLACE (State or foreign country): MILLSTADT, ILLINOIS
12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13a. FATHER'S NAME: NICHOLAS BALTZ
13b. MOTHER'S MAIDEN NAME: ADELINE MOSER
14. NAME OF HUSBAND OR WIFE: HILDA DETTMANN BALTZ

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): NO
(If yes, give war or dates of service): NONE
16. SOCIAL SECURITY NO.: 489-09-4502.
17. INFORMANT'S SIGNATURE OR NAME: HILDA BALTZ
ADDRESS: 407 W. RIPA LEMAY 23 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, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Myocardial infarction — INTERVAL BETWEEN ONSET AND DEATH: 2 yrs.

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Arteriosclerotic heart disease
DUE TO (c)

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: No operation
20. AUTOPSY? YES ☐ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify): No
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.): Home
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☒ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?: 4200

22. *I hereby certify that I attended the deceased from* Nov. 30, 1953, *to* Mar. 20, 1955, *that I last saw the deceased alive on* Mar 20, 1955, *and that death occurred at* 9:10 P.m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): R.V. Powell M.D.
23b. ADDRESS: 3720 Washington
23c. DATE SIGNED: 3-21-55

24a. BURIAL, CREMATION, REMOVAL (Specify): REMOVAL
24b. DATE: MARCH 24,1955
24c. NAME OF CEMETERY OR CREMATORY: NEW ST. MARCUS CEMETERY
24d. LOCATION (City, town, or county) (State): 7901 GRAVOIS

DATE REC'D BY LOCAL REG.: MAR 22 1955
REGISTRAR'S SIGNATURE: Carl Smith MD
MDB
25. FUNERAL DIRECTOR'S SIGNATURE: C. HOFFMEISTER U. & L. CO.
ADDRESS: 7814 S. BROADWAY ST. LOUIS, MO.

(Licensed Embalmer's Statement on Reverse Side)

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

MAY 21 1956

MAR 8 1956

JUL 24 1956

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.....

.....,

working under my personal supervision.

Student Embalmer No.....

Signed.....
Student Embalmer

Signed Harry J. Schuemann

Licensed Embalmer No. 2679

P. O. Address 2814 S. Broadway

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.