

FILED SEP 8 1955

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH27427
State File No.BIRTH NO. _____ REG. DIST. NO. 310 PRIMARY REG. DIST. NO. 1003 Registrar's No. 7470

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).	
b. CITY (If outside corporate limits, write RURAL and give town or township) <u>St. Louis, Mo.</u>		c. CITY OR TOWN <u>Millstadt</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>BARNES HOSPITAL</u>		d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input type="checkbox"/>	
3. NAME OF DECEASED (Type or Print)		4. DATE OF DEATH	
a. (First) <u>Alma</u>		b. (Middle) <u>NMN</u>	
c. (Last) <u>Baltz</u>		c. (Last) <u>Baltz</u>	
5. SEX <u>Female</u>		6. COLOR OR RACE <u>White</u>	
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>		8. DATE OF BIRTH <u>March 13, 1904</u>	
9. AGE (In years last birthday) <u>51</u>		10. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u>		10b. KIND OF BUSINESS OR INDUSTRY	
11. BIRTHPLACE (City and State or Foreign Country) <u>Marion, Illinois</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
13a. FATHER'S NAME <u>Fred Dahmer</u>		13b. MOTHER'S MAIDEN NAME <u>Anna Riedel</u>	
13c. NAME OF HUSBAND OR WIFE <u>Albert F. Baltz</u>		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) <u>No</u>		16. SOCIAL SECURITY NO. <u>none</u>	
17. INFORMANT'S SIGNATURE OR NAME <u>Albert F. Baltz Millstadt Ill</u>		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, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Multiple meningioma, left frontal lobe</u>		INTERVAL BETWEEN ONSET AND DEATH <u>1 yr.</u>	
ANTECEDENT CAUSES <u>nonmalignant</u>		DUE TO (b)	
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.		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 <u>8/22/55</u>		19b. MAJOR FINDINGS OF OPERATION <u>meningioma of left frontal lobe (multiple)</u>	
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) (Min.)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	
21f. HOW DID INJURY OCCUR? <u>223X</u>			
22. I hereby certify that I attended the deceased from <u>Aug. 22, 1955</u> , to <u>Aug. 24, 1955</u> , that I last saw the deceased alive on <u>Aug. 24, 1955</u> , and that death occurred at <u>12:20 P.M.</u> , from the causes and on the date stated above.			
23a. SIGNATURE <u>Robert King</u>		23b. ADDRESS <u>BARNES HOSPITAL</u>	
23c. DATE SIGNED <u>6/24/55</u>			
24a. BURIAL, CREMATION, REMOVAL (Specify)		24b. DATE <u>August 27, 1955</u>	
24c. NAME OF CEMETERY OR CREMATORY <u>Mount Evergreen</u>		24d. LOCATION (City, town, or county) (State) <u>Millstadt, Ill.</u>	
DATE REC'D BY LOCAL REG. <u>AUG 26 1955</u>		REGISTRAR'S SIGNATURE <u>Richard W. Downing</u>	
25. FUNERAL DIRECTOR'S SIGNATURE <u>Metzger</u>		ADDRESS <u>Millstadt Ill</u>	

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

not embalmed

Signed.....

Phillip H. Ogden

Licensed Embalmer No. *Ill.*

P. O. Address *E. St. Louis*

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.