

DEPARTMENT OF HEALTH - STANDARD CERTIFICATE OF DEATH

-60-007899

FILED VS. MAR 14 1960

2 2411

STATE FILE NUMBER

1. PLACE OF DEATH a. COUNTY St Louis		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY St Louis	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN St Louis	Length of stay in 1b 33 Yrs	c. CITY OR TOWN St Louis	Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION 4017 A North 22nd St.		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) 4017 A North 22nd Street
			Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

3. NAME OF DECEASED (Type or print) First RICHARD Middle EDWARD Last BALSAT			4. DATE OF DEATH Month March Day 1 Year 1960		
5. SEX Male	6. COLOR OR RACE White	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH 8-21-1894	9. AGE (last birthday) 65	IF UNDER 1 YEAR Months <input type="checkbox"/> Days <input type="checkbox"/> Hours <input type="checkbox"/> Min. <input type="checkbox"/>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Chemical worker		10b. KIND OF BUSINESS OR INDUSTRY Mallinckrodt Chemical Co.	11. BIRTHPLACE (City and state or country) Germany		12. CITIZEN OF WHAT COUNTRY USA
13a. FATHER'S NAME Unknown		13b. MOTHER'S MAIDEN NAME Unknown		14. NAME OF HUSBAND OR WIFE Emma Balsat	
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. Unknown		17. INFORMANT Emma Balsat Address 4017A North 22nd Street	

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Pulmonary Hemorrhage Carcinoma of the Lung Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) _____ DUE TO (c) 163x			INTERVAL BETWEEN ONSET AND DEATH 1 yr.		
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) Arteriosclerotic Heart Disease			PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown		

19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)			
20c. TIME OF INJURY Hour _____ a.m. _____ p.m. Month, Day, Year _____					

20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	20f. CITY, TOWN, OR LOCATION Collinsville, Illinois	COUNTY _____	STATE _____
21. I attended the deceased from Feb 1 1957 to Feb 29 1960 and last saw him alive on Dec 31, 1959 Death occurred at home on the date stated above, and to the best of my knowledge, from the causes stated.				

22a. SIGNATURE (Degree or title) M. Cecelia Reichert M.D.		22b. ADDRESS 16 Hampton Village Plaza		22c. DATE SIGNED 3/1/60
23a. BURIAL, CREMATION, REMOVAL (Specify) Removal	23b. DATE 3-3-1966	23c. NAME OF CEMETERY OR CREMATORY St Johns		23d. LOCATION (City, town or county) (State) Collinsville, Illinois

FUNERAL DIRECTOR Schroepfel Funeral Home	31 ADDRESS Main 314 Collinsville	25. DATE RECD. BY LOCAL REG. MAR 1 1960	26. REGISTRAR'S SIGNATURE Carl Smith M.D.
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DOCUMENT MEDICAL CERTIFICATION BY AFFIDAVIT OF

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 Paul E. Froman

Licensed Embalmer No. 7808

P. O. Address Collinsville

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.