

**MISSOURI STATE BOARD OF HEALTH  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF DEATH**

Do not use this space.

29097

**1. PLACE OF DEATH**

County..... Registration District No. 791  
 Township..... Primary Registration District No. 100B  
 City St. Louis (No. St. Louis Maternity Hospital) (Ward)

File No. ....  
 Registered No. 8220

**2. FULL NAME**

Balasz, Gertrude  
 (a) Residence. No. 3623 Cleveland St. 17 Ward. (If nonresident, give city or town and State)  
 (Usual place of abode)  
 Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

**PERSONAL AND STATISTICAL PARTICULARS**

3. SEX <u>F</u>		4. COLOR OR RACE <u>W</u>		5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) <u>married</u>	
5A. IF MARRIED, WIDOWED, OR DIVORCED <del>HUSBAND OR</del> (OR) WIFE OF <u>Dr. Karl Balasz</u>					
6. DATE OF BIRTH (MONTH, DAY AND YEAR) <u>April 9-1899</u>					
7. AGE		YEARS	MONTHS	DAYS	if LESS than 1 day, hrs. or min.
		<u>30</u>	<u>4</u>	<u>-</u>	
8. OCCUPATION OF DECEASED (a) Trade, profession, or particular kind of work <u>Wife</u> (b) General nature of industry, business, or establishment in which employed (or employer) (c) Name of employer					
9. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Louisa</u>					
PARENTS	10. NAME OF FATHER <u>Christian Demuler</u>				
	11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY) <u>Louisa</u>				
	12. MAIDEN NAME OF MOTHER <u>Matilda Riedel</u>				
	13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY) <u>Louisa</u>				
14. INFORMANT <u>Karl Balasz</u> (Address) <u>3623 Cleveland Ave</u>					
15. FILED <u>LG</u> <u>1932</u> <u>May 2</u> <u>1932</u> REGISTRAR					

**MEDICAL CERTIFICATE OF DEATH**

16. DATE OF DEATH (MONTH, DAY AND YEAR) Aug. 9 1929

17. I HEREBY CERTIFY, That I attended deceased from 8-4-29 to 8-7, 1929, and that I last saw him alive on 8-7, 1929, and that death occurred, on the date stated above, at 12:30 P.M.

THE CAUSE OF DEATH\* WAS AS FOLLOWS:  
General Peritonitis

(duration) yrs. mos. ds.  
 CONTRIBUTORY Cesarian Section  
 (SECONDARY)  
 (duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED  
1450  
 IN NOT PLACE OF DEATH  
 DID AN OPERATION PRECEDE DEATH? Yes DATE OF 8-4-29  
 WAS THERE AN AUTOPSY? No  
 WHAT TEST CONFIRMED DIAGNOSIS  
 (Signed) J. J. ... M.D.  
 (Address) St. Mat. Ho p.

\*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) Whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL Valhalla Crematory DATE OF BURIAL Aug 10 1929

20. UNDERTAKER Cleveland Co S Grand Blvd ADDRESS 2217

PROPERTY WITH UNPAID TAX-- THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

