WRITE PLAINLY, WITH UNFADING INK--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.

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

Do not use this space.

33804

1. PLACE OF DEATH

County ..... Registration District No. 791

Township ..... Primary Registration District No. 1003

City ST, LOUIS MO. (No. 4546 ATHLONE AVE. St. ..... Ward)

File No. .....

Registered No. 9104

2. FULL NAME EDWARD BALTHASAR.

(a) Residence, No. 4546 ATHLONE AVENUE. St., 9 Ward.
(Usual place of abode)

(If nonresident, give city or town and State)

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: MALE.

4. COLOR OR RACE: WHITE.

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write* the word): WIDOWER.

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: Katherine Balthasar

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): 6-21-1857

7. AGE: YEARS 75 | MONTHS 3 | DAYS 22 | If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. WAITER.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. RETIRED

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Germany, 10

FATHER

13. NAME: Non Known Balthasar

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Germany

MOTHER

15. MAIDEN NAME: Non Known

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Germany

17. INFORMANT (ADDRESS): Emil Balthasar 4546 Athlone Ave

18. BURIAL, CREMATION, OR REMOVAL

PLACE: Valhalla Crematory DATE: 10-15-1932

19. UNDERTAKER (ADDRESS): Provost Med Co. 3710 N. Grand Blvd.

20. FILED: OCT 14 1932 19 Max C. Starkloff Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): 10/13/32. 19

22. I HEREBY CERTIFY, That I attended deceased from Jan. 10, 1932 to October 13, 1932

I last saw him alive on Oct 13, 1932. Death is said to have occurred on the date stated above, at 9A m.

The principal cause of death and related causes of importance were as follows:

CHRONIC MYOCARDITIS — Date of onset 1931

930

Other contributory causes of importance:

ARTERIOSCLEROSIS (GENERAL) — 1928

Name of operation ..... Date of .....

What test confirmed diagnosis? Phys Ex Was there an autopsy? .....

23. If death was due to external causes (violence), fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 19.....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify .....

(Signed) Francis J. Miller, M. D.

(Address) 4114 W. FLORISSANT.