

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

Do not use this space.

10943

APR 28 1933  
96

**1. PLACE OF DEATH**

County St. Louis  
Township Central  
City Paul Laure

Registration District No. 789  
Primary Registration District No. 6033-10  
(No. 6825 Natural Bridge Rd)

File No. \_\_\_\_\_  
Registered No. 96  
St. \_\_\_\_\_ Ward

**2. FULL NAME**

Maudie Cecelia Balmer

(a) Residence, No. 5242 Theodorice ave. Ward. \_\_\_\_\_  
(Usual place of abode)

Length of residence in city or town where death occurred 48 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds. (If nonresident, give city or town and State)

**PERSONAL AND STATISTICAL PARTICULARS**

3. SEX F 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Single

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF \_\_\_\_\_

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Dec-6-1884

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.  
48 3 24

OCCUPATION 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Saleslady  
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Unemployed for past year  
10. Date deceased last worked at this occupation (month and year) \_\_\_\_\_ (month and year) \_\_\_\_\_

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) St. Louis Mo

FATHER 13. NAME William H. Balmer

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) St. Louis Mo

MOTHER 15. MAIDEN NAME Margaret Hassett

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) El Paso Tex

17. INFORMANT (ADDRESS) Mrs. Robt. E. Culver 5242 Theodorice ave.

18. BURIAL, CREMATION, OR REMOVAL PLACE Galvary Cemetery DATE April 1, 1933

19. UNDERTAKER (ADDRESS) L. B. Tanner 6107 Natural Bridge Rd

20. FILED 3/31/1933 Green Drey-M-2 Registrar.

**2 MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) March 30, 1933

22. I HEREBY CERTIFY, That I attended deceased from March 7, 1933 to 3-30-33, 19\_\_\_\_. I last saw her alive on 3-29-33, 19\_\_\_\_. Death is said to have occurred on the date stated above, at 6:40 am. The principal cause of death and related causes of importance were as follows:

Metastatic Cancer of R. breast - 50  
Sent to home for incurables March 7, 1933

Other contributory causes of importance: Fractures of no duration  
This patient was operated at Dr. Paul Loop, Radical Breast Surg. 1932  
Name of operation Radical Breast Amp. Date of Sept 1932  
What test confirmed diagnosis? \_\_\_\_\_ Was there an autopsy? No

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) L. J. Hayden M. D. (Address) 3718 Planning Rd.

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.

