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

Do not use this space.

File No. 34480
Registered No. 8625

**1. PLACE OF DEATH**

County ..... Registration District No. 791
Township ..... Primary Registration District No. [illegible]
City St. Louis (No. City Hosp. St. ..... Ward)

**2. FULL NAME** 9163 David Balmer

(a) Residence, No. 5201 N. Broadway St. Ward. 9
(Usual place of abode) (If nonresident, give city or town and State)

Length of residence in city or town where death occurred 77 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. COLOR OR RACE | 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write* the word) |
|---|---|---|
| M | W. | Widowed |

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) June 29 1856

| 7. AGE | YEARS | MONTHS | DAYS | If LESS than 1 day, ..... hrs. or ..... min. |
|---|---|---|---|---|
| | 77. | 3 | 2. | |

**OCCUPATION**

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Carpenter
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
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) St. Louis Mo.

**FATHER**

13. NAME John Balmer
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Switzerland

**MOTHER**

15. MAIDEN NAME Susan
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Germany

17. INFORMANT (ADDRESS) Hosp. Int. McNeil City Hosp.

18. BURIAL, CREMATION, OR REMOVAL
PLACE Bridgeland Cemetery DATE Oct 4 1933

19. UNDERTAKER (ADDRESS) Julius L. Schmitt 3934 Russell Blvd

20. FILED OCT 5 1933 19 J. F. Bredeck Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Oct 1, 1933

22. I HEREBY CERTIFY, That I attended deceased from 9-3, 1933, to Oct 1, 1933
I last saw him alive on Oct. 1, 1933. Death is said to have occurred on the date stated above, at 2 44 p.m.
The principal cause of death and related causes of importance were as follows:

Chr. myocarditis
chr. nephritis
Date of onset

Other contributory causes of importance:
Pyodermia

Name of operation ..... Date of ..... No
What test confirmed diagnosis? ..... 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? .....
If so, specify .....
(Signed) [illegible], M. D.
(Address) City Hosp.

WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD

MARGIN RESERVED FOR BINDING

V. S. No. 2

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.

NOV 10 1933

NO