

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

Do not use this space.

41656

**1. PLACE OF DEATH**

County..... Registration District No. **791**  
Township..... Primary Registration District No. **03**  
City **St. Louis** (No. **1320 N 21st**)

File No.....  
Registered No. **10678**  
St. Ward

**2. FULL NAME**

**Mitchell Balau Jr**  
(a) Residence, No. **1320 N 21st** St. **21** Ward.  
(Usual place of abode)

Length of residence in city or town where death occurred **12** 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 **Male** 4. COLOR OR RACE **Col** 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) **Married**

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) **Feb 9, 1892**

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.  
**41 10 29**

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. **Laborer**  
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) **Pa.**

13. NAME **Mitchell Balau**

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **Pa.**

15. MAIDEN NAME **Winkler**

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **Pa.**

17. INFORMANT (ADDRESS) **Georgia Balau**

18. BURIAL, CREMATION, OR REMOVAL PLACE **Valdoster Va** DATE **Dec 14, 1933**

19. UNDERTAKER (ADDRESS) **E. A. Dreyfus**

20. FILED **12/15/33**

**MEDICAL CERTIFICATE OF DEATH**  
*By Physician in Attendance*

21. DATE OF DEATH (MONTH, DAY, AND YEAR) **Dec 9, 1933**

22. I HEREBY CERTIFY, That I attended deceased from ..... 19..... to ..... 19.....

I last saw h..... alive on ..... Death is said to have occurred on the date stated above, at **260 P.M.**

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

**Empyema - followed shock and injury to chest received in fall down steps at residence Dec 20 - 1933**

Other contributory causes of importance:  
**1910 A**  
**1920 B Accident**  
**1930 A**

Name of operation..... Date of.....  
What test confirmed diagnosis?..... Was there an autopsy? **Yes**

23. If death was due to external causes (violence), fill in also the following: Accident, suicide, or homicide? **Accident** Date of injury **Oct 20, 1932**  
Where did injury occur? **St. Louis, Mo.**  
(Specify city or town, county, and State)  
Specify whether injury occurred in industry, in home, or in public place. **Home**

Manner of injury **Fall**  
Nature of injury **Empyema - Shock and injury**

24. Was disease or injury in any way related to occupation of deceased?  
If so, specify.....

(Signed) **Harold H. Schuch**  
(Address) **Dup. Courthouse**

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.

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

AN 26 1934

Registrar

