

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

Do not use this space.

1. PLACE OF DEATH

County St. Charles
Township St. Charles
City St. Charles

Registration District No. 757
Primary Registration District No. 3036
(No. St. Joe Hospital)

File No. 17836
Registered No. 67
St. _____ Ward _____

2. FULL NAME Alex Ballmann

(a) Residence, No. _____ St. _____ Ward _____
(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. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>Male</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Single</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Single</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>April 30, 1900</u>		
7. AGE	YEARS <u>34</u>	MONTHS <u>0</u>
	DAYS <u>4</u>	If LESS than 1 day, _____ hrs. or _____ min.

OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.	
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.	<u>Farmer</u>
	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) Arakow mo

MOTHER FATHER 13. NAME John Ballmann

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Arakow mo

MOTHER FATHER 15. MAIDEN NAME Ambia Kleck

MOTHER FATHER 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Dasco mo

17. INFORMANT (ADDRESS) John Ballmann Dubou mo

18. BURIAL, CREMATION, OR REMOVAL PLACE Dubou mo DATE May 7, 1934

19. UNDERTAKER (ADDRESS) Fred Whightmeyer St. Charles mo

20. FILED 5/4 1934 Edith M. Pines Registrar

3 MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) May 3, 1934
I HEREBY CERTIFY, That I attended deceased from April 25, 1934 to May 3, 1934
I last saw him alive on May 3, 1934 Death is said to have occurred on the date stated above, 6:40 P. m.

The principal cause of death and related causes of importance were as follows:
Pulmonary Embolism
117A
107A
111A
Other contributory causes of importance:
2 Bronchi - Pneumonia
3 Perforated gastric ulcer

Name of operation Repair Perforated Ulcer Date of 6-20-34
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? no 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) Luigi J. Canty, M. D.
(Address) St. Charles mo

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.

JUN 26 1934

92
4
8

