

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

Do not use this space.

**1. PLACE OF DEATH**

County .....  
Township .....  
City St Louis (No. ....)

Registration District No. **791**  
Primary Registration District No. **1003**

File No. **18627**  
Registered No. **5120**

**2. FULL NAME**

(a) Residence, No. Henry Baalman St. W. R. Ward.

(Usual place of abode) Bismarck Desloge Hospital (If nonresident, give city or town and State)  
Length of residence in city or town where death occurred yrs. mos. 76 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 Widowed

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Nov. 20, 1862

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.  
71 6 0

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

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

10. Date deceased last worked at this occupation (month and year) Mar. 1927 11. Total time (years) spent in this occupation 36

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) St. Libory Ill

13. NAME Gerhardt Baalman

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

15. MAIDEN NAME Catherine Harwitz

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

17. INFORMANT John H. Baalman (ADDRESS) St. Libory Ill

18. BURIAL, CREMATION, OR REMOVAL PLACE Masonic, Ill DATE 5/24 34

19. UNDERTAKER E. S. L. Moll (ADDRESS) Masonic, Ill

20. FILED 1 V 21 10019 J. Bredeck Registrar.

**5 MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) May 19<sup>th</sup>, 1934

22. I HEREBY CERTIFY, That I attended deceased from May 8 1934 to May 19 1934  
I last saw him alive on May 19<sup>th</sup>, 1934. Death is said to have occurred on the date stated above, at 5:45 P.M.  
The principal cause of death and related causes of importance were as follows:

Hypertrophic Biliary Cirrhosis with acute jaundice

Other contributory causes of importance:  
Myocardial Infarction  
Lobar Pneumonia Right Middle Lobe  
Hemorrhage into Lung

Name of operation Explor. Laparotomy Date of 5-15-34  
What test confirmed diagnosis? Specimen Was there an autopsy? Yes

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) Cornel Passer, M. D.  
(Address) 318 University Club Bldg  
St. Louis, 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 19 1934

