

PHYSICIANS should state EXACTLY. Exact statement of OCCUPATION is very important.

FEB 12 1938

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

426  
Do not use this space.

1. PLACE OF DEATH

(a) County ..... Registration District No. **791**  
(b) Township ..... Primary Registration District No. **1003**  
(c) City **St. Louis** (d) Street No. **Jewish Hosp.** ..... St.  
(If death occurred in Hospital or Institution, write its name instead of street and number)  
(e) Length of residence in city or town where death occurred **23** yrs. mos. ds. (f) How long in U. S., if of foreign birth? **23** yrs. mos. ds.

2. PRINT FULL NAME

**Max Balk 420**  
(a) Residence, No. **1457 Goodfellow** St. **6**  
(Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX **Male** 4. COLOR OR RACE **White** 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) **Married**  
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF **Pearl Balk**  
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) **Feb. (1915) 15-1879**  
7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. min.  
**66 58 10 23**  
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. **Sexton**  
9. Industry or business in which work was done, as saw mill, bank, etc. **CHURCH**  
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) **Volhynia 7**  
**Poland**  
13. NAME **Israel Hirsch Balk 7**  
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **Poland 7**  
15. MAIDEN NAME **Celia (unk)**  
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **Poland**  
17. INFORMANT (ADDRESS) **Jack Balk**  
**1457 Goodfellow**  
18. BURIAL, CREMATION, OR REMOVAL PLACE **Hevre Kedisha** DATE **Jan. 9, 1938**  
19. FUNERAL DIRECTOR (ADDRESS) **H.B. Berger L&U.Co.**  
**4715 McPherson**  
20. FILE **JAN 9 1938** **J. Bredeck**  
Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) **1/2/38**, 19**38**  
22. I HEREBY CERTIFY, That I attended deceased from **11-2-**, 19**37**, to **1-2-**, 19**38**  
I last saw him alive on **1-2-**, 19**38** Death is said to have occurred on the date stated above, at **9:45 a.m.**  
The principal cause of death and related causes of importance were as follows:  
**Coronary failure**  
**Arteriosclerosis**  
Date of onset **1-2-38**  
(?)  
Other contributory causes of importance:  
**Hypertension**  
Name of operation **Thyroidectomy** Date of **1-1-38**  
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) **Max Galsenberg, M. D.**  
(Address) **210 S. Highways**

For affidavit see case file # 2-192

STATEMENT BY LICENSED EMBALMER

I, \_\_\_\_\_ Licensed Embalmer No. \_\_\_\_\_  
 hereby certify that the body recorded on the reverse side of this certificate was embalmed by \_\_\_\_\_  
 \_\_\_\_\_ L. E. \_\_\_\_\_  
 No. \_\_\_\_\_ or by \_\_\_\_\_ Registered Apprentice No. \_\_\_\_\_  
 working under my personal supervision.  
 Signed \_\_\_\_\_  
 \_\_\_\_\_  
 Licensed Embalmer No. \_\_\_\_\_

*Handwritten signature: M. O. Embalming*  
*Handwritten signature: J. W. [unclear]*  
*Handwritten signature: [unclear]*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to complete the above constitutes grounds for revocation of license.)