

REC'D JUL 12 1938

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

20407  
Do not use this space.

## 1. PLACE OF DEATH

(a) County 1 Registration District No. 791  
(b) Township 1 Primary Registration District No. 1008 Registered No. 5546  
(c) City ST. LOUIS (d) Street No. 5963 HIGHLAND St.  
(f) How long in U. S., if of foreign birth? 50 yrs. mos. ds.

2. PRINT FULL NAME ANTHONY BALSANO 425

(a) Residence, No. 5963 HIGHLAND St. 6 (If nonresident, give city or town and State)  
(Usual place of abode, if no street address, write county or city)

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX M 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) MARRIED  
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Unknown  
7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.  
about 70 — — —

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. STREET CLEANER  
9. Industry or business in which work was done, as saw mill, bank, etc. STREET CLEANER  
10. Date deceased last worked at this occupation (month and year) Unknown  
11. Total time (years, months, and days) spent in this occupation Unknown

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) UNKNOWN ITALY13. NAME James Balsano14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown ITALY15. MAIDEN NAME ROSE POLINA16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown ITALY17. INFORMANT James Balsano (ADDRESS) 5963 Highland Ave.18. BURIAL, CREMATION, OR REMOVAL PLACE Calvary Cemetery DATE June 21, 193819. FUNERAL DIRECTOR (ADDRESS) L. B. Vanner 6107 Natural Bridge Ad.20. FILED J. P. Bellack Local Registrar.

JUN 20 1938

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 6-19-1938

22. I HEREBY CERTIFY, That I attended deceased from 5-20-1938 to 6-19-1938  
I last saw him alive on 6-19-1938. Death is said to have occurred on the date stated above, at 1/2 m.

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

Bronchial Pneumonia Date of onset 6/7/38

Other contributory causes of importance: Chr. myocarditis

Name of operation \_\_\_\_\_ Date of \_\_\_\_\_

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) L. J. Hayden, M. D.(Address) 5899 Delmar

STATEMENT BY LICENSED EMBALMER

I, L B Tanner, Licensed Embalmer No. 2922

hereby certify that the body recorded on the reverse side of this certificate was embalmed by M.E.

L. E.

No. .... or by .....  
working under my personal supervision.

Signed L B Tanner Registered Apprentice No. ....  
Licensed Embalmer No. 2922

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