

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

5124
 Do not use this space.

REC'D MAR 13 1939

1. PLACE OF DEATH

(a) County..... Registration District No. **791**
 (b) Township..... Primary Registration District No. **1003**
 (c) City..... **St. Louis** (d) Street No. **4073 Quincy Avenue** 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 yrs. mos. da. (f) How long in U. S., if of foreign birth? yrs. mos. da.

Registered No. **1817**

2. PRINT FULL NAME **FREDERICK J. BALTZ,**

(a) Residence, No. **4073 Quincy Avenue** St. **7**
 (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 **Widower**

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF **Sylvia Baltz**

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) **Jan. 3, 1870**

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
69 1 21

OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. **Retired**
 9. Industry or business in which work was done, as 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) **Millstadt** (STATE OR COUNTRY) **Ill.**

FATHER 13. NAME **Ferdinand Balts**

14. BIRTHPLACE (CITY OR TOWN) **Millstadt** (STATE OR COUNTRY) **Ill.**

MOTHER 15. MAIDEN NAME **Mary Reichert**

16. BIRTHPLACE (CITY OR TOWN) **Millstadt** (STATE OR COUNTRY) **Ill**

17. INFORMANT **Mrs. Frances Nickolay** (ADDRESS) **4073 Quincy Avenue**

18. BURIAL, CREMATION, OR REMOVAL PLACE **Millstadt, Ill** DATE **Feb. 27, 1939**

19. FUNERAL DIRECTOR (NAME) **Math. Hermann & Son** (ADDRESS) **2161 East Fair Avenue**

20. FILED **J.D. Budick** Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) **Feb. 24, 1939**

22. I HEREBY CERTIFY, That I attended deceased from **June 17, 1937** to **Feb 24, 1939**
 Last saw h. alive on **Feb 20, 1939**. Death is said to have occurred on the date stated above, at **9:05** a.m.

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

Uremia - Renal Suppression
Pulmonary Edema
Cardiac Insufficiency
 Other contributory causes of importance:
Diabetes mellitus
Hypertension

Name of operation **None** Date of **None**
 What test confirmed diagnosis? **Lab. & Physical** 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 **Alveolar E. Oxy** (Signed) **Alveolar E. Oxy** M. D.
 (Address) **634 N. Grand St. St. Louis, Mo**

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.

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....

....., Registered Apprentice No.....

working under my personal supervision.

Signed.....

Licensed Embalmer No.....

P. O. Address.....

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.)

If this body is not embalmed, above space should be left blank.