

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. **17007**
Registration District No. **791**
Primary Registration District No. **1003**
Registrar's No. **4485**

1. PLACE OF DEATH:

(a) County _____
(b) City or town St. Louis
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
2244 S. Jefferson Ave. 2
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____
(Specify whether _____)
In this community _____
years, months or days)

3. (a) PRINT FULL NAME STEVE BALAZS 420

3. (b) If veteran, name was nil 3. (c) Social Security No. 492-01-4281

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Anna 6. (c) Age of husband or wife if alive 44 years

7. Birth date of deceased August 13, 1885
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>54</u>	<u>9</u>	<u>6</u>	_____ hr. _____ min.

9. Birthplace Hungary
(City, town, or county) (State or foreign country)

10. Usual occupation Shoe Worker

11. Industry or business _____

MOTHER FATHER { 12. Name Louis Balazs

13. Birthplace Hungary
(City, town, or county) (State or foreign country)

14. Maiden name Rose Hood

15. Birthplace Hungary
(City, town, or county) (State or foreign country)

16. (a) Informant's own signature Mrs Anna Balazs

(b) Address 2244 S. Jefferson Ave.

17. (a) Burial (b) Date thereof May 22-40
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Memorial Park

18. (a) Signature of funeral director Wm C. Moydell

(b) Address 1926 Allen Ave.

19. (a) MAY 20 1940 (b) _____
(Date received by Registrar) (Registrar's Signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County _____
(c) City or town St. Louis 23
(If outside city or town limits, write "RURAL")
(d) Street No. 2244 S. Jefferson Ave.
(If rural, give location)
(e) If foreign born, how long in U. S. A. _____ years

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 19th
year 1940 hour 8 minute 00 P.M.

21. I hereby certify that I attended the deceased from 15, 1940, to May 19, 1940;
that I last saw him alive on May 19, 1940;
and that death occurred on the date and hour stated above.

Immediate cause of death Neoplasm Malignant (left kidney)
Due to _____
Due to _____

Other conditions General Metastasis
(Include pregnancy within 3 months of death)
Major findings: Neoplasm Malignant (on 1/2/40)
Of operations _____
Of autopsy _____

Duration unknown
Physician 3mo
Underline the cause to which death should be charged statistically

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify) no

(b) Date of occurrence _____

(c) Where did injury occur? _____
(City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place?
While at work? _____
(Specify type of place) (Means of injury)

23. Signature Wm C. Moydell (M. D. or other) _____
Address 1926 Allen Ave. Date signed 5/20/40

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD
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.

50M-5-17-39
Rev. 5-17-39
1 X1851

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.....

Benj. C. Dunham

Licensed Embalmer No.....

2272

P. O. Address.....

1926 Allen

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.