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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 19462

FILED JUN 1 1940

Registration District No. 784 Primary Registration District No. 101 Registrar's No. 1009

1. PLACE OF DEATH:
(a) County St. Louis
(b) City or town Clayton /
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: St. Louis County Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 23 hr. 35 min. (Specify whether years, months or days)
In this community 36 years

2. USUAL RESIDENCE OF DECEASED:
(a) State Mo. (b) County St. Louis
(c) City or town S. Kinloch
(If outside city or town limits, write "RURAL")
(d) Street No. Carson and Bangert
(If rural, give location)
(e) If foreign born, how long in U. S. A.? ____ years.

3. (a) PRINT FULL NAME Lucy Balkman 425
3. (b) If veteran, name war ?
3. (c) Social Security No. ?
4. Sex female
5. Color or race colored
6. (a) Single, widowed, married, divorced widow
6. (b) Name of husband or wife George Balkman
6. (c) Age of husband or wife if alive ____ years
7. Birth date of deceased May (Month) 15 (Day) 1861 (Year)
8. AGE: Years 79 Months 0 Days 10 If less than one day ____ hr. ____ min.
9. Birthplace Unknown (City, town, or county) Tenn. (State or foreign country)
10. Usual occupation nil.
11. Industry or business /
FATHER 12. Name Dick Roberts
13. Birthplace Unknown (City, town, or county) Tenn. (State or foreign country)
MOTHER 14. Maiden name Sylvia Unknown
15. Birthplace Unknown (City, town, or county) Tenn. (State or foreign country)
16. (a) Informant Robert Norris
(b) Address Carson & Bangert
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 5 28 40 (Month) (Day) (Year)
(c) Place: burial or cremation Green wood
18. (a) Signature of funeral director Jordan Chambers
(b) Address 3100 Frank Ave
19. (a) MAY 27 1940 (Date received local registrar) (b) R Murphy MD Dr. (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 25 year 1940 hour 9 minute :20 A.M.
21. I hereby certify that I attended the deceased from 5-24-40, 19__, to 5-25-40, 19__; that I last saw her alive on 5-25-40, 19__; and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Hypertensive Cardio-vascular disease	10 yr.
Due to decompensation	4 wk
Due to	
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations	
Of autopsy	

PHYSICIAN — 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)
(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? (Specify type of place)
While at work? (e) Means of injury
23. Signature H. J. Delwar (M. D. or other)
Address St. Louis Mo. Date signed 5/27/40

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(Licensed Embalmer's Statement on Reverse Side)

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.