

DEPARTMENT OF COMMERCE
BUREAU OF CENSUSMISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH
1003

State File No.

34160

Registrar's No.

8857

Registration District No. 791

Primary Registration District No.

1. PLACE OF DEATH:

- (a) County.....
(b) City or town. St. Louis, Mo.
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: St. Johns Hospital.
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution. One Week.
(Specify whether
In this community. 50 Years.
years, months or days)

3. (a) PRINT FULL NAME Charles Edward Ballweg.3. (b) If veteran, name war..... 3. (c) Social Security No. 489-07-7383

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced. Married
6. (b) Name of husband or wife Julia F. Ballweg. 6. (c) Age of husband or wife if alive 58 years
7. Birth date of deceased August 7, 1878
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>62</u>	<u>2</u>	<u>18</u>	hr. <u>1</u> min.

9. Birthplace Illinois. (City, town, or county) (State or foreign country)10. Usual occupation. Bookkeeper.11. Industry or business St. Louis Globe Democrat.12. Name Charles Ballweg.13. Birthplace Germany. (City, town, or county) (State or foreign country)14. Maiden name Mary Masleybrook. (City, town, or county) (State or foreign country)15. Birthplace Holland. (City, town, or county) (State or foreign country)16. (a) Informant. Mrs. Julia F. Ballweg.(b) Address. 3833 McDonald Ave.17. (a) Burial (b) Date thereof 10-29-40
(Burial, cremation, or removal) (Month) (Day) (Year)(c) Place: burial or cremation. Cathary Cemetery.18. (a) Signature of funeral director. Arthur J. Donnelly(b) Address. 3840 Lindbergh Blvd.19. (a) OCT 28 1940 (b) J. J. [Signature]
(Date received local registrar) (Registered signature)

2. USUAL RESIDENCE OF DECEASED:

- (a) State. Mo. (b) County.....
(c) City or town. St. Louis. (If outside city or town limits, write "RURAL")
(d) Street No. 3833 McDonald Ave. (If rural, give location)
(e) If foreign born, how long in U. S. A. ?..... years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month October day 25th. year 1940 hour 5. minute 05 P.M.21. I hereby certify that I attended the deceased from Oct. 20th, 1940, to Oct 25, 1940
that I last saw him alive on Oct 25, 1940
and that death occurred on the date and hour stated above.

Immediate cause of death.

Gangrenous ruptured appendix
Due to PeritonitisDue to 1/21

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations as aboveOf autopsy —

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?

While at work?..... (Specify type of place) (e) Means of injury.....

23. Signature Price W. Powers (M. D. or other) M. D.Address 25318 Jefferson Date signed 10/26/40

(Licensed Embalmer's Statement on Reverse Side)

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

2531250
1-3

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 Stanley Marshall

Licensed Embalmer No. 2868

P. O. Address 3840 Lindell

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

If this body is not embalmed, fact should be so stated above.