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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED APR 13 1942

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

8240

State File No.

Registration District No. 7911 Primary Registration District No. 1003 Registrar's No. 2663

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:
4122 A South Grand Ave.
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution (Specify whether
In this community 1
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 15th

(c) City or town St. Louis 17
(If outside city or town limits, write "RURAL")

(d) Street No. 4122 A S. Grand Ave. 9
(If rural, give location)

(e) Citizen of foreign country? (Yes or No)
If yes, name country 0

3. (a) PRINT FULL NAME LOUIS BALMER

3. (b) If veteran, name war

3. (c) Social Security 490-05-2464

4. Sex Male 0

5. Color or race White

6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Dorothy Balmer

6. (c) Age of husband or wife if alive 56 years

7. Birth date of deceased Dec 2nd 1884
(Month) (Day) (Year)

8. AGE: Years 57 Months 3 Days 22 If less than one day hr. min.

9. Birthplace St. Louis Mo. 0
(City, town, or county) (State or foreign country)

10. Usual occupation Shipping Clerk

11. Industry or business

FATHER
12. Name George Balmer
13. Birthplace France 5
(City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Elizabeth Rausch
15. Birthplace New York 1
(City, town, or county) (State or foreign country)

16. (a) Informant Dorothy Balmer
(b) Address 4122 A S. Grand Ave.

17. (a) Burial (b) Date thereof March 26/42
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation St Paul Churchyard.

18. (a) Signature of funeral director Thos. Lutis & Son
(b) Address 2906 Gravois Ave.

19. (a) MAR 25 1942 (b) J. F. Bredeck
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 24
year 1942 hour 6 15 A.M. minute M.

21. I hereby certify that I attended the deceased from 3/20, 1942 to 3/24, 1942
that I last saw him alive on March 24, 1942
and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Acute Interstitial Nephritis	48 hrs
Due to La Grippe	2 days
Due to Influenza (Ac Inter Neph)	
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations 32	
Of autopsy 11	

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 Durand Benjamin (M. D. or other) MD
Address 7430 Virginia Avenue Date signed 3/24/42

(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 David M. Van Passan, Registered Apprentice No. 280 working under my personal supervision.

Signed Thos Lutib

Licensed Embalmer No. 1619

P. O. Address 2906 Granville

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, fact should be so stated above.