

FILED NOV 6 1942

Registration District No.

Primary Registration District No.

Registrar's No. 8934

1. PLACE OF DEATH:

(a) County.....
 (b) City or town St. Louis, Missouri
(If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution:
St. Louis City Hospital 0
(If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution 3 Days (Specify whether
 In this community..... years, months or days)

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. 5986 Theodore Ave. (If rural, give location)
 (e) Citizen of foreign country?..... (Yes or No)
 If yes, name country.....

3. (a) PRINT FULL NAME James Balaski
 (b) If veteran, name war No
 (c) Social Security No. 328-07-2996

MEDICAL CERTIFICATION

20. **DATE OF DEATH:** Month October day 26,
 year 1942 hour 1:38 minute A. M.

4. Sex Male
 5. Color or race White
 6. (a) Single, widowed, married, divorced 3 Divorced
 6. (b) Name of husband or wife Elanore Balaski
 6. (c) Age of husband or wife if alive 46 years
 7. Birth date of deceased April 28 1901
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from October 24, 1942 to October 26, 1942;
 that I last saw him alive on October 26, 1942;
 and that death occurred on the date and hour stated above.

8. AGE:	Years	Months	Days	If less than one day
	<u>41</u>	<u>5</u>	<u>28</u>hr.min.

Immediate cause of death
Diphtheria
Diabetes mellitus
Superior Mesenteric Artery
Thrombosis
Peritonitis
 Other conditions.....
(Include pregnancy within 3 months of death)

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

Major findings:
 Of operations.....
 Of autopsy as above

10. Usual occupation.....
 11. Industry or business.....
 12. Name Albert Balaski
 13. Birthplace Poland 4
(City, town, or county) (State or foreign country)
 14. Maiden name Frances Sobjinski
 15. Birthplace Poland 4
(City, town, or county) (State or foreign country)

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?.....

16. (a) Informant Mrs. Frances Balaski
 (b) Address 5986 Theodore Ave.
 17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 10-29-42
(Month) (Day) (Year)
 (c) Place: burial or cremation Calvary Cemertry
 18. (a) Signature of funeral director Jos. W. Clark
 (b) Address 1125 Hodiamont Ave.
10-27-1942 (Date received local registrar)
 (c) J. F. Bradeck (Registrar's signature)

23. Signature Louis J. Newby (M.D. or other)
 Address 1515 Lafayette Avenue Date signed 10/31/42

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

MOTHER FATHER

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, fact should be so stated above.