

FILED APR 28 1943 318

1003

Registration District No. _____ Primary Registration District No. _____

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:
5424 Queens Ave
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution. None
(Specify whether
In this community Birth
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County _____
(c) City or town St. Louis
(If outside city or town limits, write "RURAL")
(d) Street No. 5424 Queens Ave
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country _____

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3. (a) PRINT FULL NAME Laura C. Balmer

3. (b) If veteran, name war None 3. (c) Social Security No. None

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

6. (b) Name of husband or wife Walter Balmer 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased January 5, 1884
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
59 3 13 hr. _____ min.

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

10. Usual occupation At home

11. Industry or business _____

MOTHER FATHER
12. Name Theodore Keil
13. Birthplace St. Louis Mo.
(City, town, or county) (State or foreign country)
14. Maiden name Elisa Sohns
15. Birthplace St. Louis Mo.
(City, town, or county) (State or foreign country)

16. (a) Informant Walter H. Balmer

(b) Address 5424 Queens Ave

17. (a) Burial (b) Date thereof 4/21/43
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Bellefontaine Cemetery

18. (a) Signature of funeral director Math Hermann & Son

(b) Address 2161 East Fair Ave

19. (a) APR 20 1943 (b) J. F. Bueck
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 18th
year 1943 hour 10:45 PM M.

21. I hereby certify that I attended the deceased from Apr 3 1943
19____ to Apr 18 1943
that I last saw her alive on Apr 10 1943
and that death occurred on the date and hour stated above.

Immediate cause of death Chor. Endocarditis

Due to Paralytic Agytans

Other conditions (Include pregnancy within 3 months of death) None

Major findings:
Of operations _____
Of 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 Harley W. ... (M.D. or other) _____
Address 5024 Union Blvd Date signed 4-19-43

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

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

MAY 18 1943

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 William L. Buchholz
Licensed Embalmer No. 2110
P. O. Address St. Louis Mo

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.