No. 2
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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED JUL 1 1944

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 22407

Registration District No. 317 Primary Registration District No. 6076 Registrar's No. 1414

1. PLACE OF DEATH:

(a) County: St. Louis County

(b) City or town: Jefferson Barracks (If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: Veterans Administration Facility 0 (If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution: Adm. June 27, 1944 (Specify whether years, months or days)

In this community: unknown.

2. USUAL RESIDENCE OF DEACESED:

(a) State: Missouri (b) County: 000 17 9

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

(d) Street No.: 2003 Mallinckrodt Street (If rural, give location)

(e) Citizen of foreign country? No - (Yes or No)

If yes, name country: -

3. (a) PRINT FULL NAME: BALE, Charles R. 488-20-7873

3. (b) If veteran, name war: Philipp. Insurr.

3. (c) Social Security No.: Yes - not rem.

4. Sex: Male 0

5. Color or race: White

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

6. (b) Name of husband or wife: Mrs. Alice Bale

6. (c) Age of husband or wife if alive: 67 years

7. Birth date of deceased: Sept. (Month) 4. (Day) 1877 (Year)

8. AGE: Years 66 Months 9 Days 24 If less than one day hr. min.

9. Birthplace: Nequanee (City, town, or county) Michigan (State or foreign country)

10. Usual occupation: Wood Worker

11. Industry or business: -

FATHER

12. Name: William Bale

13. Birthplace: Unk. (City, town, or county) England (State or foreign country)

MOTHER

14. Maiden name: Mary Ann Ross

15. Birthplace: Unk. (City, town, or county) Unknown (State or foreign country)

16. (a) Informant: M. Schilling

(b) Address: Clinical Clerk, VAF, Jeff. Brks., Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 6/30/44 (Month) (Day) (Year)

(c) Place: burial or cremation: Jeff. Brks. Nat. Cem

18. (a) Signature of funeral director: Suedmeyer & Sons

(b) Address: 3934 N. 20th., St.

19. (a) JUN 30 1944 (Date received local registrar) (b) C. G. McDermott (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 28th, year 1944 hour 4:35 minute A. M.

21. I hereby certify that I attended the deceased from June 27, 1944 to June 28, 1944; that I last saw him alive on June 28, 1944; and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
CARCINOMA OF STOMACH.	Unkn.
Due to: -	
Due to: -	
Other conditions (Include pregnancy within 3 months of death): Coronary arteriosclerotic heart disease with myocardial damage.	Unkn.

Major findings:
Of operations: No operation.
Of autopsy: Autopsy not granted.

PHYSICIAN: Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(c) Accident, suicide, or homicide (specify): no.

(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? Nature of injury:

23. Signature: L. M. COCHRAN, LT. COL. M.C. (M.D. or other)

Address: CHIEF MEDICAL OFFICER Date signed 6/28/44

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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, fact should be so stated above.