

No. 2
-5-43
17-39
X36671

State File No.

FILED MAR 19 1945 818

Primary Registration District No. L 1003

Registrar's No. 1782

1. PLACE OF DEATH:

(a) County St. Louis Mo

(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:
4331 Swan 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 Life
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. 4331 Swan Ave
(If rural, give location)

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

3. (a) PRINT FULL NAME Louise Balaskas

3. (b) If veteran, name war No 3. (c) Social Security No. No

4. Sex Female 5. Color or race White

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

6. (b) Name of husband or wife John 6. (c) Age of husband or wife if alive 57 years

7. Birth date of deceased Dec 2 1873
(Month) (Day) (Year)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb day 21
year 1945 hour 10.45 PM minute _____ M.

21. I hereby certify that I attended the deceased from Feb 14 1945 to Feb 21 1945 that I last saw her alive on Feb 21 1945 and that death occurred on the date and hour stated above.

8. AGE:

Years	Months	Days	If less than one day
<u>71</u>	<u>2</u>	<u>19</u>	hr. _____ min. _____

Immediate cause of death Arteriosclerosis

Duration _____

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

10. Usual occupation Housewrok

11. Industry or business at Home

12. Name Phillip Reisenlester

13. Birthplace Germany (City, town, or county) (State or foreign country) 4

14. Maiden name Barbara Bohn

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

Due to _____

Due to _____

Other conditions (include pregnancy within 3 months of death) 97

16. (a) Informant John Balaskas

(b) Address 4331 Swan Ave

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 2 24 45 (Month) (Day) (Year)

(c) Place: burial or cremation Bethany Cemetery

18. (a) Signature of funeral director KRIEGSHAUSER

(b) Address 4228 So. Kingshighway

19. (a) FEB 23 1945 (Date received local registrar) (b) J. F. Budeck (Registrar's signature)

Major findings: Of operations _____

Of autopsy _____

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? _____

While at work? _____ (Specify type of place)

(d) Means of injury 0

23. Signature M. E. Sheltz (M. D. or other) _____

Address 4300 Monahan Date signed 2/22/45

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

See sheets

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..... *Edwin D M Deane*

Licensed Embalmer No. *3024*

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.