. S. No. 2
0M—2-43
v. 5-17-39
1 X35697

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED JUN 21 1945

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

18547

State File No.

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 5154

1. PLACE OF DEATH:

(a) County St Louis, Mo

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

(c) Name of hospital or institution: Barnes Hospital, (If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 14 days (Specify whether In this community years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Illinois (b) County Calhoun

(c) City or town Hardin (If outside city or town limits, write "RURAL")

(d) Street No. (If rural, give location) NR

(e) Citizen of foreign country? 2 (Yes or No)

If yes, name country

3. (a) PRINT FULL NAME Balke, Mr. Ben Herman

3. (b) If veteran, name war Nil

3. (c) Social Security No. Unknown

4. Sex Male

5. Color or race White

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

6. (b) Name of husband or wife Elizabeth Balke

6. (c) Age of husband or wife if alive 40 years

7. Birth date of deceased August (Month) 15 (Day) 1903 (Year)

8. AGE: Years 41 Months 9 Days 23 If less than one day hr. min.

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

10. Usual occupation Road Maintanence Man

11. Industry or business

FATHER
12. Name Henry Balke
13. Birthplace Meppen (City, town, or county) Illinois (State or foreign country)

MOTHER
14. Maiden name Sophia Hannekan
15. Birthplace Meppen (City, town, or county) Illinois (State or foreign country)

16. (a) Informant Elizabeth Balke
(b) Address Hardin, Illinois

17. (a) Removal (Burial, cremation, or removal) (b) Date thereof 6-8-45 (Month) (Day) (Year)
(c) Place: burial or cremation Meppen, Illinois

18. (a) Signature of funeral director Albert H. Hoppe
(b) Address 4700 Washington Blvd.

19. (a) JUN 11 1945 (Date received local registrar) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 8 year 1945 hour 6 minute 25 P.M.

21. I hereby certify that I attended the deceased from April 24 1945, to June 8, 1945, that I last saw him alive on June 8, 1945 and that death occurred on the date and hour stated above.

Immediate cause of death Massive hemorrhage from lung

Due to Lung abscess Non tubercular

Due to

Other conditions (Include pregnancy within 3 months of death) 114

Duration 6 mos.

Major findings:
Of operations Lung abscess-massive
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? (Specify type of place)
While at work? (e) Means of injury

23. Signature Allyn McDowell (M. D. or other) M.D.
Address Barnes Hospital Date signed 6-8-45

(Licensed Embalmer's Statement on Reverse Side)

JUN 14 '45

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 Albert L. Hoffke

Licensed Embalmer No. 2971

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.