

FILED DEC 12 1945

Registration District No. 310

Primary Registration District No. 3058

Registrar's No. 167

1. PLACE OF DEATH:

(a) County ST-CHARLES
(b) City or town ST-CHARLES - MO
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: ST-JOSEPH-HOSPITAL
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 7 1/2 HOURS
(Specify whether years, months or days)

3. (a) PRINT FULL NAME HUBERT BAALMAN

3. (b) If veteran, name war WORLD-WAR #2 3. (c) Social Security No 337-18-3702

4. Sex male 5. Color or race white 6. (a) Single, widowed, married, divorced single
6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased 5 28 1923
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
22 5 14 hr. min.

9. Birthplace MEPPEN - ILLINOIS
(City, town, or county) (State or foreign country)

10. Usual occupation FARMING

11. Industry or business

MOTHER FATHER { 12. Name HERMAN - A - BAALMAN
13. Birthplace MEPPEN ILLINOIS
(City, town, or county) (State or foreign country)
14. Maiden name CATHERINE - FICKER
15. Birthplace MEPPEN - ILLINOIS
(City, town, or county) (State or foreign country)

16. (a) Informant Engene Baalman
(b) Address Meppen, Illinois

17. (a) Burial (b) Date thereof 11-16-1945
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Meppen, Illinois

18. (a) Signature of funeral director W. J. Schumacher
(b) Address Brunswick, Illinois

19. (a) 11-13-1945 (b) Emmette Park
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State ILLINOIS (b) County CALHOUN
(c) City or town MEPPEN
(If outside city or town limits, write "RURAL")
(d) Street No. RURAL - STAR-ROUTE
(If rural, give location)
(e) Citizen of foreign country? NO (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 11 day 12
year 1945 hour 11 minute P M.

21. I hereby certify that I attended the deceased from Held Inquest to Nov 13 1945;
that I last saw him alive on _____ 19____;
and that death occurred on the date and hour stated above.

Immediate cause of death shock and internal injuries - automobile turnover Duration _____

Due to _____
Due to _____

Other conditions (Include pregnancy within 3 months of death)

Major findings: 1700 g
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) accident 121
(b) Date of occurrence Nov 12, 1945
(c) Where did injury occur? Brunswick Calhoun Ill.
(City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place?
on highway between Brunswick and Meppen, Ill.
(Specify type of place) (e) Means of injury 3
While at work _____
23. Signature Walter A. Cheloff - acting coroner (M.D. or other)
Address 124 N. 2nd St. A. Charles, Mo Date signed 11-13-45

JUN 3 1947

RECEIVED

District Health Officer No. 9

District File Number

Date Filed 12-1-45

DEC 13 1945

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

Philip A. Miceli

Registered Apprentice No. 388

working under my personal supervision.

Signed John E. Dellmeyer

Licensed Embalmer No. 2951

P. O. Address St Charles 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.