S. No. 2
OM—2-43
v. 5-17-39
I X35697

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED APR 10 1946

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 8525

Registration District No. 42 Primary Registration District No. 1000 Registrar's No. 332

1. PLACE OF DEATH:

(a) County Buchanan

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

(c) Name of hospital or institution: 219 South 5th St (If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution no (Specify whether In this community 50 years year months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Buchanan

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

(d) Street No. 1925 Wank Ave (If rural, give location)

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

If yes, name country

3. (a) PRINT FULL NAME Philip A Balsamo

3. (b) If veteran, name war no

3. (c) Social Security No. no

4. Sex Male

5. Color or race white

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

6. (b) Name of husband or wife --

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

7. Birth date of deceased January 1st, 1892 (Month) (Day) (Year)

8. AGE: Years 54 Months 2 Days 13 If less than one day 0 hr. min.

9. Birthplace Termine (City, town, or county) Italy (State or foreign country)

10. Usual occupation Salesman

11. Industry or business

FATHER
12. Name Salvadore Balsamo
13. Birthplace -- -- (City, town, or county) Italy (State or foreign country)

MOTHER
14. Maiden name Marino Piro
15. Birthplace -- -- (City, town, or county) Italy (State or foreign country)

16. (a) Informant John Balsamo

(b) Address 617 North 10th St, St. Joseph, Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 3-18-46 (Month) (Day) (Year)

(c) Place: burial or cremation Mt Olivet Cemetery

18. (a) Signature of funeral director Barry Funeral Home

(b) Address St. Joseph, Mo.

19. (a) Mar 22, 1946 (Date received local registrar) (b) H J Westlebrook (Registrar's signature) By V.H.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 14 year 1946 hour 1 minute 30 P M.

21. I hereby certify that I attended the deceased from March 14, 1946, to March 14, 1946 that I last saw him alive on March 14, 1946 and that death occurred on the date and hour stated above.

Immediate cause of death heart failure

Due to acute indigestion

Due to

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations

Of autopsy

Duration

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 Collis Ramsey (M. D. ~~or other~~)

Address Kerr Street Bldg Date signed March 16-46

34

(Licensed Embalmer's Statement on Reverse Side)

APR 10 1967

OCT 2 1966

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 Mollie E. Sidenfaden Fox

Licensed Embalmer No. 4235

P. O. Address St. Joseph 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.