

FILED MAY 8 1948

State File No.

Registration District No. 42

Primary Registration District No. 1000

Registrar's No. 492

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:
701 Faraon St. /
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution. 48 Years (Specify whether
in this community 48 Years years, 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. 701 Faraon 7
(If rural, give location) 0
(e) Citizen of foreign country? no (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME Joseph L. Balmat Sr

3. (b) If veteran, name war No

3. (c) Social Security No. 491-09-5360

4. Sex Male C 5. Color or race White

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

6. (b) Name of husband or wife Rene 6. (c) Age of husband or wife if alive 1874 years

7. Birth date of deceased October 6 1874 (Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
71 6 19 hr. min.

9. Birthplace Yanktoun So. Dakota (City, town, or county) (State or foreign country)

10. Usual occupation Mgr Shoe Dept.

11. Industry or business Townsend Dry Goods Co.

12. Name Jno. H. Balmat

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

14. Maiden name Unknown (City, town, or county) (State or foreign country)

15. Birthplace Unknown 9 (City, town, or county) (State or foreign country)

16. (a) Informant J.L. Balmat Jr.

(b) Address St Joseph, Mo.

17. (a) Burial (b) Date thereof 4-27-48 (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Mt Auburn Cem. Freeman & Son Inc.

18. (a) Signature of funeral director St Joseph, Mo.

(b) Address

19. (a) Apr. 30, 1946 (b) (Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 25 year 1946 hour 12 minute 15 P.M.

21. I hereby certify that I attended the deceased from 2 Apr 25 1946 to Apr 25 1946; that I last saw him alive on Apr 25 1946; and that death occurred on the date and hour stated above.

Immediate cause of death Coronary Thromb Duration 1 1/2 hr
Due to Anterior Bel. Gen -

Other conditions Aneurysm Aorta Dec 1944
Major findings: Of operations: 940
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?

23. Signature [Signature] (M. D. or other) While at work (e) Means of injury
Address 620 Hayes St. Joseph, Mo. Date signed 4/25/48

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

11110

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. Z.....

working under my personal supervision.

Signed.....

Robert H. Yppel

Licensed Embalmer No. 3308.....

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.