. S. No. 2
OM—1/47
ev. 5-17-39

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

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

FILED JUL 12 1947

Registration District No. 318

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 1003

State File No. 22047

Registrar's No. 2409

1. PLACE OF DEATH:

(a) County

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

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

(d) Length of stay: In hospital or institution: 16 days (Specify whether years, months or days)

In this community: 55 years

2. USUAL RESIDENCE OF DECEASED:

(a) State: Missouri (b) County: 000

(c) City or town: St. Louis 17
(If outside city or town limits, write "RURAL")

(d) Street No.: 3015 Utah Street 9
(If rural, give location) 0

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

If yes, name country: -------

3. (a) PRINT FULL NAME: Mrs. Catherine (Lena) Balzer

3. (b) If veteran, name war: -------

3. (c) Social Security No.: ------

4. Sex: Female

5. Color or race: White

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

6. (b) Name of husband or wife: Frank A. Balzer

6. (c) Age of husband or wife if alive: 74 years

7. Birth date of deceased: December (Month) 13 (Day), 1871 (Year)

8. AGE:

Years	Months	Days	If less than one day
75	6	20	hr. min.

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

10. Usual occupation: At Home

11. Industry or business: -------

MOTHER FATHER

12. Name: John Hirz

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

14. Maiden name: Louise Acker

15. Birthplace: (City, town, or county) Germany (State or foreign country)

16. (a) Informant: Mrs. Basil A. Vairo

(b) Address: 3316 Cherokee

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: 7/7/1947 (Month) (Day) (Year)

(c) Place: burial or cremation: Our Redeemer Cemetery

18. (a) Signature of funeral director: Beiderwieden F. H., Inc.

(b) Address: 1936a St. Louis Avenue

19. (a) JUL 7 1947 (Date received local registrar) (b) J. F. Bracach (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 3, year 1947 hour 6: minute 30 P. M.

21. I hereby certify that I attended the deceased from June 24, 1947 to July 3, 1947 that I last saw h. alive on July 2, 1947 and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Pneumonia, Bron.	4 day
Due to: Ch. Myocardial failure	?
Due to:	
Other conditions (Include pregnancy within 3 months of death): 107	

Major findings:
Of operations:

Of autopsy:

PHYSICIAN

Underline the cause of 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: Bert W. Klein (M. D. or other)

Address: 2632 S. Kingshighway Date signed: 7-5-47

Jefferson City Printing Co.

(Licensed Embalmer's Statement on Reverse Side)

6409

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 Felix J. Krispin

Licensed Embalmer No. 3497

P. O. Address 1936 St. Louis

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.