

BIRTH NO. _____ REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1005 Registrar's No. _____

1. PLACE OF DEATH
a. COUNTY _____
b. CITY (If outside corporate limits, write RURAL and give town(ship))
OR TOWN St. Louis
c. LENGTH OF STAY (in this place) _____
d. FULL NAME OF HOSPITAL OR INSTITUTION: Deaconess Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Mo. b. COUNTY _____
c. CITY (If outside corporate limits, write RURAL and give township)
OR TOWN St. Louis 2143
d. STREET ADDRESS (If rural, give location)
5330 Itaska St.

3. NAME OF DECEASED (Type or Print)
a. (First) OSCAR b. (Middle) W. c. (Last) BALTZ Sr.
4. DATE OF DEATH (Month) (Day) (Year)
Nov. 5 1950

5. SEX Male 6. COLOR OR RACE White 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married
8. DATE OF BIRTH Dec. 6, 1889 9. AGE (In years last birthday) 60 0 MONTHS 0 DAYS 0 HOURS 0 MIN.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Bank Teller-First Nat'l. Bk. St. L.
10b. KIND OF BUSINESS OR INDUSTRY _____
11. BIRTHPLACE (State or foreign country) Millstadt, Ill.
12. CITIZEN OF WHAT COUNTRY? _____

13a. FATHER'S NAME Philip Baltz 13b. MOTHER'S MAIDEN NAME Caroline Theobald 14. NAME OF HUSBAND OR WIFE Ella J. Baltz

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service) _____
16. SOCIAL SECURITY NO. 497-18-6292 17. INFORMANT'S SIGNATURE OR NAME Walter Baltz ADDRESS 5330 Itaska St.

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c))
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Virus Hepatitis INTERVAL BETWEEN ONSET AND DEATH 1 week
*This does not mean the mode of dying, such as heart failure, ashenia, etc. It means the disease, injury, or complication which caused death.
ANTECEDENT CAUSES
Morbid conditions, if any, giving DUE TO (b) _____
DUE TO (c) _____
II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. abdominal Perineal Resection of Carcinoma Recto Sigmoid

19a. DATE OF OPERATION 14 Oct 1950 19b. MAJOR FINDINGS OF OPERATION Carcinoma at Recto Sigmoid 20. AUTOPSY? YES NO

21a. ACCIDENT SUICIDE HOMICIDE (Specify) _____ 21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) _____ 21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) _____

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) _____ 21e. INJURY OCCURRED WHILE AT WORK NOT WHILE AT WORK 21f. HOW DID INJURY OCCUR? 1571X

22. I hereby certify that I attended the deceased from last, 1950, to 5 Nov, 1950, that I last saw the deceased alive on Nov 5, 1950, and that death occurred at 7:15 P m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) Arthur R. Dalton M.D. 23b. ADDRESS 4500 Olive St. St. Louis Mo. 23c. DATE SIGNED 11/6/50

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial 24b. DATE Nov. 8, 1950 24c. NAME OF CEMETERY OR CREMATORY Sunset Burial Park 24d. LOCATION (City, town, or county) (State) St. Louis Co. Mo.

DATE REC'D BY LOCAL REG. NOV 6 REGISTRAR'S SIGNATURE J. B. Farsen 25. FUNERAL DIRECTOR'S SIGNATURE Kriegshauser ADDRESS 4228 S. Kingshighway Bl.

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

2107

None

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 _____

working under my personal supervision.

Signed.....
Student Embalmer

Signed *Edwin A. M. Alexander*
Student Embalmer No.....

Licensed Embalmer No. *3024*

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.