

FILED MAY 4 1951

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 13748
3885

BIRTH NO. _____ REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003 Registrar's No. _____

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis Mo		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis	
c. LENGTH OF STAY (In this place)		d. STREET ADDRESS (If rural, give location) 5854 Theodosia Ave	
d. FULL NAME OF HOSPITAL OR INSTITUTION St. Louis State Hospital		e. DATE OF DEATH (Month) (Day) (Year) Apr 24 1951	

3. NAME OF DECEASED (Type or Print) Paul J. Balleydier			4. DATE OF DEATH (Month) (Day) (Year) Apr 24 1951		
5. SEX Male		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed	
8. DATE OF BIRTH 4-27-74		9. AGE (In years last birthday) 76		10. IF UNDER 1 YEAR Months Days	
11. BIRTHPLACE (State or foreign country) St. Louis County Mo.		12. CITIZEN OF WHAT COUNTRY U.S.		13. IF UNDER 24 HRS. Hours Min.	

13a. FATHER'S NAME Theo. Balleydier		13b. MOTHER'S MAIDEN NAME ? Comb		14. NAME OF HUSBAND OR WIFE Anna Balleydier Dec	
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (If yes, give war or dates of service) No		16. SOCIAL SECURITY NO. 49-09-8970		17. INFORMANT'S SIGNATURE OR NAME ADDRESS A.A. Beckman 4146 Hartford Ave	
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18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		MEDICAL CERTIFICATION			INTERVAL BETWEEN ONSET AND DEATH	
<p>*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.</p>		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Generalized Arteriosclerosis				
		ANTECEDENT CAUSES				
		Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Arteriosclerotic Heart Disease DUE TO (c)				
II. OTHER SIGNIFICANT CONDITIONS		Conditions contributing to the death but not related to the disease or condition causing death.				

19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION			20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
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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)	
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? H200	
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22. I hereby certify that I attended the deceased from **May 8, 1950**, to **Apr. 24, 1951**, that I last saw the deceased alive on **Apr. 24, 1951**, and that death occurred at **9:00 A.M.**, from the causes and on the date stated above.

23a. SIGNATURE Paul J. Hartman M.D. (Degree or title)		23b. ADDRESS 5400 Arsenal St (9)		23c. DATE SIGNED 4-24-51	
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE April 26 1951		24c. NAME OF CEMETERY OR CREMATORY Mt Olive Cemetery		24d. LOCATION (City, town, or county) (State) St. Louis County Mo.	
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DATE REC'D BY LOCAL REG. APR 25 1951		REGISTRAR'S SIGNATURE J. B. Cassler		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Jos. W. Clark 1125 Hodiament Ave	
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

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.

Student Embalmer No.

Signed.....
Student Embalmer

Signed

Alfred J. Baedeker
Licensed Embalmer No. *2663*

P. O. Address *1125 Hudson*

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.