

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

22709
5645

State File No.

FILED JUN 20 1953		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. LENGTH OF STAY (In this place) 24 Yrs.		c. CITY OR TOWN St. Louis, Mo.		d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>			
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) 5537 1/2 Ridge Ave. St. Louis, Mo.				e. STREET ADDRESS 3960 A Folsom Ave.				2179	
3. NAME OF DECEASED (Type or Print) a. (First) Cleo		b. (Middle)		c. (Last) Balke		4. DATE OF DEATH (Month) (Day) (Year) June 4, 1953			
5. SEX Female		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, / WIDOWED, DIVORCED (Specify) Married		8. DATE OF BIRTH March 6, 1901			
9. AGE (In years last birthday) 52		IF UNDER 1 YEAR Months 128		IF UNDER 24 HRS. Hours Min.					
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife		10b. KIND OF BUSINESS OR INDUSTRY Own Home		11. BIRTHPLACE (City and State or Foreign Country) Knoxville, Tennessee		12. CITIZEN OF WHAT COUNTRY USA.			
13a. FATHER'S NAME Howard Dupes			13b. MOTHER'S MAIDEN NAME Alice Lurchen			14. NAME OF HUSBAND OR WIFE William Balke			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or date of service) No		16. SOCIAL SECURITY NO.		17. INFORMANT'S SIGNATURE OR NAME ADDRESS William Balke, 39602 Folsom, St. Louis, Mo.					
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		MEDICAL CERTIFICATION					INTERVAL BETWEEN ONSET AND DEATH 2-1/2 years		
		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Carcinoma of the colon							
		ANTECEDENT CAUSES *This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death. Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Metastasis to the liver and stomach							
		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 type="checkbox"/>		
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) (Min.)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? 153X					
22. I hereby certify that I attended the deceased from May 22, 1953, June 4, 1953, that I last saw the deceased alive on June 4, 1953, and that death occurred at 10:50 P.M., June 4, 1953, from the causes and on the date stated above.									
23a. SIGNATURE F.R. Innagan M.D.				23b. ADDRESS 539 N. Grand Blvd.		23c. DATE SIGNED 6/5/53			
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE June 8, 1953		24c. NAME OF CEMETERY OR CREMATORY St. Matthews Cemetery		24d. LOCATION (City, town, or county) (State) St. Louis, Missouri			
DATE REC'D BY LOCAL JUN 6 1953		REGISTRAR'S SIGNATURE J. Earl Smith M.D.		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS McLaughlin's, 2301 Lafayette, St. Louis, Mo.					

G.P. (Licensed Embalmer's Statement on Reverse Side)

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

FRANK FINNIGAN
HUMBOLDT Bldg
Rm # 210

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, Student Embalmer No..... working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed.....

Licensed Embalmer No. 45

P. O. Address 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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.