

FILED JAN 18 1955

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **43417**
11653

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				c. LENGTH OF STAY (In this place) _____				c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis 2109			
d. FULL NAME OF HOSPITAL OR INSTITUTION 3501 Natural Bridge				d. STREET ADDRESS (If rural, give location) 3501 Natural Bridge				10 0			
3. NAME OF DECEASED (Type or Print) a. (First) Martin			b. (Middle) H.		c. (Last) Balven, Sr.		4. DATE OF DEATH (Month) (Day) (Year) Dec. 21, 1954				
5. SEX Male 0		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married		8. DATE OF BIRTH June 23, 1897		9. AGE (In years last birthday) 57 if UNDER 1 YEAR: Months _____ Days _____ if UNDER 24 HRS.: Hours _____ Min. _____			
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Assembler Miss. Valley Stru. Steel			10b. KIND OF BUSINESS OR INDUSTRY _____			11. BIRTHPLACE (City and State or Foreign Country) St. Louis, Missouri 0		12. CITIZEN OF WHAT COUNTRY? U.S.A.			
13a. FATHER'S NAME Peter Balven			13b. MOTHER'S MAIDEN NAME Jennie Thouvenot			14. NAME OF HUSBAND OR WIFE Elenora Balven					
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) Yes (If yes, give part or dates of service) World War #1			16. SOCIAL SECURITY NO. 3299-76-8460			17. INFORMANT'S SIGNATURE OR NAME Elenora Balven, 3501 Natural Bridge			ADDRESS _____		
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.				MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Carcinoma of Liver				INTERVAL BETWEEN ONSET AND DEATH 6 months			
				ANTECEDENT CAUSES *Forbid conditions, if any, giving rise to the above cause, (a) stating the underlying cause last. DUE TO (b) Carcinoma of Pancreas Primary of part.							
				DUE TO (c) _____							
				II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Carcinoma of Colon & Left Lung							
19a. DATE OF OPERATION 7/8/54		19b. MAJOR FINDINGS OF OPERATION Carcinoma of Liver Pancreas - Colon & Left Lung						20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" 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) _____		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? 157X							
22. I hereby certify that I attended the deceased from 7/8/54 , 19____, to Dec. 21 , 19 54 , that I last saw the deceased alive on Dec. 21 , 19 54 , and that death occurred at 3:45 Pm. , from the causes and on the date stated above.											
23a. SIGNATURE (Degree or title) Gene D. Murphy M.D.				23b. ADDRESS 4082nd W. Florissant Ave				23c. DATE SIGNED 12/23/54			
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 12/24/54		24c. NAME OF CEMETERY OR CREMATORY Friedens Cemetery		24d. LOCATION (City, town, or county) (State) St. Louis, Missouri					
DATE REC'D BY LOCAL REG. DEC 22 1954		REGISTRAR'S SIGNATURE J. Earl Smith M.D.				25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS PROVOST UND. CO., 3710 No. Grand Bl					

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

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 _____

Student Embalmer No. _____

working under my personal supervision.

Student

Student Embalmer

Signed

Stanley A. Dillon

Licensed Embalmer No. *4193*

P. O. Address *St. L.*

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.