

Health,
Welfare
Public
Service

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

59-006874

STATE FILE NUMBER

Registrar's 2 1434

FILED FEB 26 1959

Registration District No. Primary Registration District No.

300
-57

83

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE MO. b. COUNTY	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN ST. LOUIS		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN ST. LOUIS Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION LUTHERAN HOSP.		Length of stay in lb 66 YRS	d. STREET ADDRESS (If outside, give location) 2506 1/2 W. HEBERT ST Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

3. NAME OF DECEASED (Type or print) First LEO Middle C. Last BALINSKI			4. DATE OF DEATH Month FEB Day 9 Year 1959		
5. SEX M.	6. COLOR OR RACE W.	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH MAR. 5. 1892	9. AGE (In years last birthday) 66	IF UNDER 1 YEAR Months Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) RETIRED STOCK CLERK		10b. KIND OF BUSINESS OR INDUSTRY DEPT. STORE	11. BIRTHPLACE (City and state or country) ST. LOUIS, MO	12. CITIZEN OF WHAT COUNTRY? U.S.A.	
13a. FATHER'S NAME FELIX BALINSKI		13b. MOTHER'S MAIDEN NAME ESTELLE MILOSTON		14. NAME OF HUSBAND OR WIFE EDNA BALINSKI	

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) YES WORLD WAR #1	16. SOCIAL SECURITY NO. 497-05-5794	17. INFORMANT EDNA BALINSKI Address: 2506 1/2 W. HEBERT ST
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18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) HYPERSPLENISM WITH ANEMIA		INTERVAL BETWEEN ONSET AND DEATH 6 MO
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____		
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)		19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>

20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.) 27.2	
20c. TIME OF INJURY Hour _____ Month, Day, Year _____ a.m. _____ p.m. _____		

20d. INJURY OCCURRED WHILE AT <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	20f. CITY, TOWN, OR LOCATION ST. LOUIS	COUNTY MO	STATE
21. Attended the deceased from DEC 58 to FEB 9 59 and last saw her alive on FEB 9 59 Death occurred at 10:30 P m on the date stated above; and to the best of my knowledge, from the causes stated.				
22a. SIGNATURE R. A. Nussbaum M.D. (Degree or title)	22b. ADDRESS 3701 GRANDEL SQ	22c. DATE SIGNED 2-10-59		

23a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL	23b. DATE FEB. 13. 1959	23c. NAME OF CEMETERY OR CREMATORY CALVARY CEM	23d. LOCATION (City, town, or county) ST. LOUIS	(State) MO
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24. FUNERAL DIRECTOR Wiedmeyer & Sons ADDRESS 3934 N. 20 ST	25. DATE RECD. BY LOCAL REG. FEB 10 59	26. REGISTRAR'S SIGNATURE Roan Smith, M.D.
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USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE
MEDICAL CERTIFICATION

All diseases in Part I must be causally related.

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 *John J. Haines*

Licensed Embalmer No. *4108*

P. O. Address *Haines, Mo.*

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.