

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

59-022659

STATE FILE NUMBER

JUL 2 1959 Registration District No. Primary Registration District No. Registrar No. 5659

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, 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 De Paul Hospital		Length of stay in 1b	d. STREET ADDRESS (If outside, give location) 5932 Park Lane		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
3. NAME OF DECEASED (Type or print) First Middle Last Clem M Balthasar			4. DATE OF DEATH Month Day Year June 12 1959		
5. SEX male	6. COLOR OR RACE white	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH Jan. 4, 1900	9. AGE (In years last birthday) 59	IF UNDER 1 YEAR Months Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Fireman		10b. KIND OF BUSINESS OR INDUSTRY St. L. Fire Department		11. BIRTHPLACE (City and state or country) St. Louis, Mo	
12. CITIZEN OF WHAT COUNTRY? USA		13a. FATHER'S NAME Frederick Balthasar		13b. MOTHER'S MAIDEN NAME Elizabeth Placke	
14. NAME OF HUSBAND OR WIFE Marian E. Balthasar		15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes or unknown) (If yes, give year or dates of service) YES 1st world war		16. SOCIAL SECURITY NO. 461 766	
17. INFORMANT Mrs. Marian Balthasar, 5932 Park Lane		18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE Left femoral thrombophlebitis with pulmonary embolization. 902.6 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) Following fall from scaffold while repairing the engine house at 8366 North Broadway on May 9th 1959.		INTERVAL BETWEEN ONSET AND DEATH	
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		20a. ACCIDENT SUICIDE HOMICIDE <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>		20b. DESCRIBE HOW INJURY OCCURRED (Enter nature of injury in PART I (a) or (b) of item 18.) House at 8366 North Broadway	
20c. TIME OF INJURY Hour Month, Day, Year 5 9 59		20d. INJURY OCCURRED WHILE AT WORK AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		20e. PLACE OF INJURY (e.g., in a about home, farm, factory, street, office bldg., etc.) Firehouse	
20f. CITY, TOWN, OR LOCATION St. Louis Mo.		20g. COUNTY		20h. STATE	
21. I attended the deceased from _____ to _____ and last saw her alive on _____ Death occurred at _____ m on the date stated above; and to the best of my knowledge, from the causes stated.					
22a. SIGNATURE Patrick J. Taylor Coraue		(Degree or title) 3		22b. ADDRESS 1300 Clark	
22c. DATE SIGNED 6. 15. 59		23a. BURIAL, CREMATION, REMOVAL (Specify) Removal		23b. DATE June 15 1959	
23c. NAME OF CEMETERY OR CREMATORY Memorial Park Cemetery		23d. LOCATION (City, town, or country) St. Louis County, Missouri		(State)	
24. FUNERAL DIRECTOR Math Hermann & Son, Inc., 2161 E. Fair		ADDRESS		25. DATE RECD. BY LOCAL REG. JUN 15 '59	
26. REGISTRAR'S SIGNATURE Earl Smith, M.D.					

All diseases in Part I must be causally related.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

m. p. 59

STATEMENT BY LICENSED EMBALMER

MAR 25 1961

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 *Walter V. Bunsley* .....  
Licensed Embalmer No. *4202* .....  
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.