

Filed  
JAN. 29, 1949THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. ....

2436

REG. DIST. NO. ....

318

PRIMARY REG. DIST. NO. ....

1003

Registrar's No. ....

616

BIRTH NO. ....

1. PLACE OF DEATH  
a. COUNTYb. CITY (If outside corporate limits, write RURAL and give  
OR  
TOWN St. Louis township) c. LENGTH OF  
STAY (in this place)d. FULL NAME OF (If not in hospital or institution, give street address or location)  
HOSPITAL OR  
INSTITUTION St. Lukes Hospital3. NAME OF  
DECEASED  
(Type or Print) MARY

a. (First) b. (Middle) c. (Last)

2. USUAL RESIDENCE (Where deceased lived. If institution, residence before  
a. STATE Missouri b. COUNTY St. Louis  
admission)c. CITY (If outside corporate limits, write RURAL and give township)  
OR  
TOWN University City 96d. STREET  
ADDRESS 409 Mission Court. 3

5. SEX Female

6. COLOR OR RACE White

7. MARRIED, NEVER MARRIED,  
WIDOWED, DIVORCED (Specify)  
Married8. DATE OF BIRTH  
July 17 19039. AGE (In years  
last birthday) 45  
10. USUAL OCCUPATION (Give kind of work  
done during most of working life, even if retired)  
At Home10. USUAL OCCUPATION (In years  
last birthday) 45  
11. BIRTHPLACE (State or foreign country)  
Monett, Missouri12. CITIZEN OF WHAT  
COUNTRY? U.S.A.

13a. FATHER'S NAME

Bert Dummit.

13b. MOTHER'S MAIDEN NAME

Hattie Boucher.

14. NAME OF HUSBAND OR WIFE

Carl E. Balliett.

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)  
NO16. SOCIAL SECURITY  
NO. No17. INFORMANT'S SIGNATURE OR NAME  
Carl A. Balliett. 409 Mission Court.

18. CAUSE OF DEATH

Enter only one cause per  
line for (a), (b), and (c)1. DISEASE OR CONDITION  
DIRECTLY LEADING TO DEATH\* (a)

## MEDICAL CERTIFICATION

INTERVAL BETWEEN  
ONSET AND DEATH\*This does not mean  
the mode of dying, such  
as heart failure, asthma,  
etc. It means the disease,  
injury, or complication  
which caused death.

ANTECEDENT CAUSES

Morbid conditions, if any, DUE TO (b)  
rise to the above cause (a) stating  
the underlying cause last.

DUE TO (c)

atalectasis have left Lung,  
Sodium Pentothal & Ether  
anesthesia while undergoing  
an operation at St. Luke's

11. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not  
related to the disease or condition causing death.

Hospital on Januay 21 1949

19a. DATE OF OPERA-  
TION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES  NO 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)

St. Louis Mo

21d. TIME  
OF  
INJURY

(Month) (Day) (Year) (Hour)

21e. INJURY OCCURRED  
WHILE AT  NOT WHILE   
WORK  AT WORK 

21f. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from \_\_\_\_\_, 19\_\_\_\_\_, to \_\_\_\_\_, 19\_\_\_\_\_, that I last saw the deceased  
alive on \_\_\_\_\_, 19\_\_\_\_\_, and that death occurred at 9:30 A.m., from the causes and on the date stated above.

23a. SIGNATURE

Patrick E. Taylor, Coroner (Degree or title)

23b. ADDRESS

1300 Clark

23c. DATE SIGNED

1-21-49

24a. BURIAL, CREMA-  
TION, REMOVAL (Specify)  
Burial

24b. DATE

24c. NAME OF CEMETERY OR CREMATORIUM

24d. LOCATION (City, town, or county) (State)

1/24/49

Bellefontaine Cemetery, St. Louis Mo.

DATE REC'D BY LOCAL  
JAN 21 1949 BEG.

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS

C.R. Lupton &amp; Sons, 7233 Delmar Blvd,

AUG 8 1945

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### 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.

Signed.....

*Arnold W. Schoene*

Signed.....  
Student Embalmer

Licensed Embalmer No. 3864

P. O. Address St. Louis, 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 this body is not embalmed, fact should be so stated above.