

State File No. _____

Registrar's No. **7841**

FILED SEP 20 1944 18

Registration District No. _____

Primary Registration District No. **1003**

1. PLACE OF DEATH:

(a) County St. Louis
(b) City or town St. Louis
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: CITY SANITARIUM
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 6 mos 6 das
In this community 18 years
(Specify whether years, months or days)

3. (a) PRINT FULL NAME CORTEZ ELMER BALVEN

3. (b) If veteran, name war _____
3. (c) Social Security No. _____

4. Sex male 5. Color or race white
6. (a) Single, widowed, married, divorced Single

6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if _____

7. Birth date of deceased: September 27 1900
(Month) (Day) (Year)

8. AGE: Years 43 Months 11 Days 10
If less than one day _____ hr. _____ min.

9. Birthplace Centertown Missouri
(City, town, or county) (State or foreign country)

10. Usual occupation none

11. Industry or business none

MOTHER FATHER { 12. Name William H. Balven
13. Birthplace Scruggs Missouri
(City, town, or county) (State or foreign country)
14. Maiden name Martha Robinson
15. Birthplace Centertown Missouri
(City, town, or county) (State or foreign country)

16. (a) Informant Theima Singler
(b) Address 5400 Arsenal St.

17. (a) Burial (b) Date thereof 9-10-44
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Centertown Mo

18. (a) Signature of funeral director Albert H. Hoppe

(b) Address 4700 Washington Ave

19. (a) SEP 12 1944 (b) [Signature]
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County _____
(c) City or town St. Louis
(If outside city or town limits, write "RURAL")
(d) Street No. 2207 Locust St.
(If rural, give location)
(e) Citizen of foreign country? no (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sep't day 7
year 1944 hour 11:10 minute A.M.

21. I hereby certify that I attended the deceased from March 6, 1944 to Sep't 7, 1944
that I last saw him alive on Sep't 7, 1944
and that death occurred on the date and hour stated above.

Immediate cause of death Cirrhosis of the Liver
Duration 1944x

Due to _____
Due to _____

Other conditions _____
(Include pregnancy within 3 months of death)

PHYSICIAN
Major findings: _____
Of operations _____
Of autopsy no
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) _____
(b) Date of occurrence _____
(c) Where did injury occur? _____ (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? _____

While at work? _____ (Specify type of place) (e) Means of injury _____

23. Signature [Signature] (M. D. or other) _____
Address 5400 Arsenal St. Date signed 9/9/44

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

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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.....

Registered Apprentice No.....

working under my personal supervision.

Signed

John Gonoche
3398

Licensed Embalmer No.....

P. O. Address.....

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.