

**MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH**

Do not use this space.

11664

1. PLACE OF DEATH

County..... Registration District No. 701
Township..... Primary Registration District No. 002
City St Louis (No. 1773 Blackstone Wd)

File No.....
Registered No. 2888 St. _____ Ward)

2. FULL NAME

Jeremiah Ballaban
(a) Residence. 1773 Blackstone Wd, 5 Ward.

(Usual place of abode) (If nonresident, give city or town and State)
Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX male 4. COLOR OR RACE white 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Mary Raftery Ballaban

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Don't know

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.
abt 77

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work Retired Fireman
(b) General nature of industry, business, or establishment in which employed (or employer).....
(c) Name of employer Schoen's Fire Dept

9. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ireland 15

10. NAME OF FATHER Daniel Ballaban

11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY) Ireland

12. MAIDEN NAME OF MOTHER Mary Leahy

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY) Ireland

14. INFORMANT Mary Ballaban (Address) 1773 Blackstone

15. FILED 19 Mar 4 1931 REGISTRAR

MEDICAL CERTIFICATE OF DEATH

15. DATE OF DEATH (MONTH, DAY AND YEAR) Mar. 4 1931

17. I HEREBY CERTIFY, That I attended deceased from Feb 23, 1931, to Mar 4, 1931 that I last saw h. alive on Mar 3, 1931, and that death occurred, on the date stated above, at 5:00 m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Chronic Myocarditis
131
730
(duration) yrs. mos. ds.

CONTRIBUTORY (SECONDARY) Chronic Nephritis (interstitial)
(duration) 1 yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED
IF NOT AT PLACE OF BIRTH.....

19. DID AN OPERATION PRECEDE DEATH? no DATE OF -0
WAS THERE AN AUTOPSY? no

WHAT TEST CONFIRMED DIAGNOSIS
(Signed) Wm. J. Langan, Jr., M. D.
Mar 4, 19 31, (Address) 2803 Ply mouth Co.

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) Whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL Clovelly Cem DATE OF BURIAL 3/7 1931

20. UNDERTAKER Thomas J. McCall ADDRESS 15195 Grand

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

RECORDS DEPARTMENT OF HEALTH, MISSOURI STATE BOARD OF HEALTH

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