

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

Do not use this space.

**1. PLACE OF DEATH**

County..... Registration District No. 79E  
Township..... Primary Registration District No. 1003  
City St Louis Mo (No. 1723 Glasgow Ave)

File No. 21364  
Registered No. 5148  
St. \_\_\_\_\_ Ward \_\_\_\_\_

**2. FULL NAME**

Trudie Ballard  
(a) Residence, No. 1723 Glasgow St., 20 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 <u>Male</u>		4. COLOR OR RACE <u>Col</u>		5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Married</u>	
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Marcell Ballard</u>					
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>5-20-1894</u>					
7. AGE YEARS <u>38</u>		MONTHS <u>11</u>		DAYS <u>11</u>	
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Laborer</u>					
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.					
10. Date deceased last worked at this occupation (month and year)			11. Total time (years) spent in this occupation		
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Tenn</u>					
13. NAME <u>Pete Ballard</u>					
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Tenn</u>					
15. MAIDEN NAME <u>Unknown</u>					
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Unknown</u>					
17. INFORMANT <u>Marcell Ballard</u> (ADDRESS) <u>1723 Glasgow Ave</u>					
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Jefferson Cemetery</u> DATE <u>6-14</u> 19 <u>33</u>					
19. UNDERTAKER <u>Emmett Honey Co</u> (ADDRESS) <u>3436 Lambert</u>					
20. FILED <u>10 13 33</u> 19 <u>33</u> <u>J. B. Bredel</u> Registrar.					

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) June 9th 1933

22. I HEREBY CERTIFY that I attended deceased from June 9 1933 to June 9 1933  
I last saw him alive on June 8 1933 Death is said to have occurred on the date stated above, at 6:30 PM  
The principal cause of death and related causes of importance were as follows:  
Heat Exhaustion Date of onset 7:00 AM  
191 191  
Other contributory causes of importance:  
Violent Struggle of Heart 305

23. Name of operation none Date of \_\_\_\_\_  
What test confirmed diagnosis? chamberlain Was there an autopsy? no

23. If death was due to external causes (violence), fill in also the following:  
Accident, suicide, or homicide? \_\_\_\_\_ Date of injury \_\_\_\_\_, 19\_\_\_\_  
Where did injury occur? \_\_\_\_\_  
(Specify city or town, county, and State)  
Specify whether injury occurred in industry, in home, or in public place.

Manner of injury \_\_\_\_\_  
Nature of injury \_\_\_\_\_

24. Was disease or injury in any way related to occupation of deceased? \_\_\_\_\_  
If so, specify \_\_\_\_\_  
(Signed) W. Stewart, M. D.  
(Address) 1406 N. Harrison

WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD

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.

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