

NOTE: 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.

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH
1003

SEP 25 1940 791
Registration District No.

Primary Registration District No.

1. PLACE OF DEATH:

(a) County _____
(b) City or town St. Louis
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
1400 Devlin St. 2
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether _____)
In this community: Life (Specify whether _____ years, months or days)

3. (a) PRINT FULL NAME: Chester Ball 4011

8. (b) If veteran, name war _____ 3. (c) Social Security No. 499-23-0692

4. Sex Male 5. Color or race Negro 6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife: Lena Ball 6. (c) Age of husband or wife if alive 25 years

7. Birth date of deceased: December 14th, 1914
(Month) (Day) (Year)

| | | | | |
|---------|-----------|----------|----------|----------------------|
| 8. AGE: | Years | Months | Days | If less than one day |
| | <u>26</u> | <u>8</u> | <u>4</u> | hr. _____ min. _____ |

9. Birthplace: St. Louis Missouri
(City, town, or county) (State or foreign country)

10. Usual occupation: Laborer

11. Industry or business: W.P.A.

12. Name: Israel Ball

18. Birthplace: Unk.
(City, town, or county) (State or foreign country)

14. Maiden name: Wilda
(City, town, or county) (State or foreign country)

15. Birthplace: Unknown
(City, town, or county) (State or foreign country)

16. (a) Informant's own signature: Lena Ball

(b) Address: 1400 Devlin St.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: 8-23-40
(Month) (Day) (Year)

(c) Place: burial or cremation: Greenwood Cem.

18. (a) Signature of funeral director: Chas J. Gates

(b) Address: 4107 Finney Ave.

19. (a) AUG 19 1940 (Date received local registrar) (b) _____

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County _____
(c) City or town St. Louis 4
(If outside city or town limits, write "RURAL")
(d) Street No. 1400 Devlin St.
(If rural, give location)
(e) If foreign born, how long in U. S. A. _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month August day 17th year 1940 hour 4 minute 30 A.M.

21. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____; that I last saw him _____ alive on _____, 19____; and that death occurred on the date and hour stated above.

Immediate cause of death: Gun shot wound
Skull & Brain in hand of
one John D. W. in back
of about 5833 Manchester
Ave. about 4:30 AM Aug.
17, 1940 in performance
of his duty as Special Agent
for the Pacific R.R. Co.
Other conditions: _____
(Include pregnancy within 3 months of death)

Major findings: _____
Of operations: _____
Of autopsy: _____

PHYSICIAN
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): Just. Homicide
(b) Date of occurrence: Aug 17 1940
(c) Where did injury occur? St. Louis Mo
(City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place?
Public Place

While at work? _____ (Specify type of place) (e) Means of injury: Gun shot.

28. Signature: [Signature] (M. D. or other) Address: 1300 Olive St. St. Louis Date signed: 8/19/40

STATEMENT BY LICENSED EMBALMER

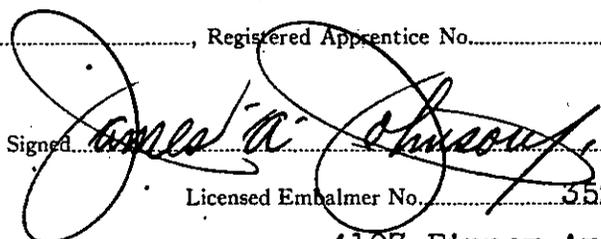
I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....

James A. Johnson

Registered Apprentice No.....

working under my personal supervision.

Signed.....



Licensed Embalmer No. 3522

P. O. Address 4107 Finney Ave.

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, above space should be left blank.