

FILED OCT 10 1940

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. **33133**

Registration District No. **784**

Primary Registration District No. **200**

Registrar's No. **1721**

1. PLACE OF DEATH:

(a) County **St. Louis**
 (b) City or town **Overland**
(If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution:
3611 Marshall Ave
(If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution **20**
(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County **St. Louis**
 (c) City or town **Overland**
(If outside city or town limits, write "RURAL")
 (d) Street No. **3611 Marshall Ave.**
(If rural, give location)
 (e) If foreign born, how long in U. S. A. **54** years.

3. (a) PRINT FULL NAME **JENNIE BALLARD.**

3. (b) If veteran, name war **NONE** 3. (c) Social Security No. **NONE**

4. Sex **Female** 5. Color or race **White** 6. (a) Single, widowed, married, divorced **Widowed**

6. (b) Name of husband or wife **George Ballard** 6. (c) Age of husband or wife if alive **Dec'd** years

7. Birth date of deceased **August 5, 1882.**
(Month) (Day) (Year)

8. AGE: Years **58** Months **1** Days **4** If less than one day **hr. min.**

9. Birthplace **Toronto, Canada.**
(City, town, or country) (State or foreign country)

10. Usual occupation **Housewife**

11. Industry or business **at home**

MOTHER FATHER { 12. Name **Dont Know.**

13. Birthplace **? Canada.**
(City, town, or county) (State or foreign country)

14. Maiden name **Dont Know.**

15. Birthplace **? Canada.**
(City, town, or county) (State or foreign country)

16. (a) Informant **Mrs. R. E. Bishop.**

(b) Address **3611 Marshall Ave.**

17. (a) **Burial** (b) Date thereof **9-11-1940.**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Valhalla Cemetery.**

18. (a) Signature of funeral director **Geo. L. Pleitsch Inc.**

(b) Address **5966-68 Easton Ave.**

19. (a) **SEP 10 1940** (b) **DR Meyer**
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **September** Day **9th.**
 year **1940** hour **3** minute **P.M.** M.

21. I hereby certify that I attended the deceased from **April 15th**
1936 to **Sept. 9th**, 19**40**
 that I last saw her alive on **Sept 19th**, 19**40**
 and that death occurred on the date and hour stated above.

Immediate cause of death: **chronic Myocarditis** **6 yrs**
 Due to **arterial Sclerosis** **5 yrs**
 Due to **Hypertension** **10 yrs**
 Other conditions: **93c**
(Include pregnancy within 3 months of death)

PHYSICIAN
 Major findings: **none**
 Of operations: _____
 Of autopsy: _____
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?
70'
(Specify type of place) (e) Means of injury.

23. Signature **Arnold H. Wenzel** (M. D. or other) **!**
 Address **8900 St. Charles Rd** Date signed **9/10/40**

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

Dr. Wagner

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.....

Henry Brummer

Registered Apprentice No. 5

working under my personal supervision.

Signed

Leonard W. Kraeger

Licensed Embalmer No. 2678

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, above space should be left blank.