

STANDARD CERTIFICATE OF DEATH

State File No. 19779
4591
Registrar's No.

FILED JUL 21 1941
791

Registration District No.

Primary Registration District No. 1003

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:
St. Johns Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 3 Hours
(Specify whether
in this community Birth years, months or days)

3. (a) PRINT FULL NAME Harvey Ronald Ballmann

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

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Single
6. (b) Name of husband or wife None 6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased May 11, 1930
(Month) (Day) (Year)

8. AGE: Years 11 Months 0 Days 19 If less than one day hr. _____ min. _____

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

10. Usual occupation School

11. Industry or business _____

MOTHER FATHER { 12. Name Dr. Harvey H. Ballmann
13. Birthplace St. Louis Missouri
(City, town, or county) (State or foreign country)
14. Maiden name Audrey Hauelsen
15. Birthplace St. Louis Missouri
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs Louise Hauelsen
(b) Address 4504 Red Bud Ave

17. (a) Burial (b) Date thereof 6/2/41
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation New Bethlehem Cemetery

18. (a) Signature of funeral director Math Hermann & Son
(b) Address 2161 East Fair Ave

19. (a) 6/2/41 (b) J. H. Redbeck
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

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

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 30th
year 1941 hour _____ minute 40 P.M.

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

Subarachnoid hemorrhage of the Brain. Edema of the Brain and Dislocation of the 12th Vertebrae. When a Automobile in which he was Riding and Driven by Harvey Ballmann Sr. And a Truck Driven by one _____ of _____, called on Highway # 66 one mile West of Pacific Mo. about 1050 May 29 1941
Duration _____
Under _____ 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) Undetermined
(b) Date of occurrence May 29 1941

(c) Where did injury occur? Public Place
(City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place?
While at work? _____ (e) Means of injury 3

23. Signature Thomas J. Callanan (M.D. or other)
Address Deputy Coroner Date signed 6/2/41

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

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.....

Leonard Hampton

Licensed Embalmer No. *2967*

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, fact should be so stated above.