

FILED FEB 24 1942

1003

Registration District No.

Primary Registration District No.

Registrar's No.

000
17
9

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

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:
4115 Botanical Ave. /
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____
(Specify whether _____)
In this community _____
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Scotland
(c) City or town Memphis
(If outside city or town limits, write "RURAL")
(d) Street No. Rural /
(If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME Wilbur C. Ballow

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

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

6. (b) Name of husband or wife Estella 6. (c) Age of husband or wife if alive 69 years

7. Birth date of deceased Nov. 23 1865
(Month) (Day) (Year)

8. AGE: Years 76 Months 1 Days 26 If less than one day _____ hr. _____ min.

9. Birthplace Iowa /
(City, town, or county) (State or foreign country)

10. Usual occupation Merchant

11. Industry or business _____

MOTHER FATHER { 12. Name William Ballow
13. Birthplace Unknown 9
(City, town, or county) (State or foreign country)
14. Maiden name Mary Jahr Ellis
15. Birthplace Unknown 9
(City, town, or county) (State or foreign country)

16. (a) Informant Wilbur Ballow
(b) Address 6039 Hartford

17. (a) Removal (b) Date thereof 1-20-42
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Memphis, Mo.

18. (a) Signature of funeral director Albert H. Hoppe
(b) Address 4700 Washington Ave.

19. (a) 19 1942 (b) J. F. Bredeck
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan day 18th
year 1942 hour 10:30 minute P M.

21. I hereby certify that I attended the deceased from 10.8.1942 to 1-18-1942
that I last saw him alive on 1-18-1942
and that death occurred on the date and hour stated above.

Immediate cause of death Chronic myocarditis Duration _____
Due to seizure
Due to _____

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) _____
(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? _____

While at work? _____ (Specify type of place) (e) Means of injury _____
23. Signature Ingenia Wood (M. D. or other) MD
Address 3325 S Grand Date signed 1/18/42

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

Robert W. Harper

Licensed Embalmer No. *1861*

P. O. Address.....

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.