

FILED DEC 7 1945

Registration District No.

318

Primary Registration District No.

1002

Registrar's No.

1. PLACE OF DEATH:

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

2. USUAL RESIDENCE OF DECEASED:

(a) State California (b) County Los Angeles  
(c) City or town Los Angeles  
(If outside city or town limits, write "RURAL")  
(d) Street No. 1350 Lowell Ave.  
(If rural, give location)  
(e) Citizen of foreign country? 2 (Yes or No)  
If yes, name country

3. (a) PRINT FULL NAME Thomas Ballard

3. (b) If veteran, name war Nil 3. (c) Social Security No. Unknown

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

6. (b) Name of husband or wife Mary Ballard 6. (c) Age of husband or wife if alive 68 years

7. Birth date of deceased December 22 1864  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
80 10 28 hr. min.

9. Birthplace Tiffany Ohio  
(City, town, or county) (State or foreign country)

10. Usual occupation Retired R.R. Car Inspector

11. Industry or business

12. Name Unknown

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

14. Maiden name Unknown

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

16. (a) Informant Mrs. A.C. Kleiberer

(b) Address Atlanta, Georgia

17. (a) Removal (b) Date thereof 11-21-45  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Louisville, Ky.

18. (a) Signature of funeral director Albert H. Hoppe

(b) Address 4700 Washington Blvd.

19. (a) NOV 27 1945 (b) J. J. Budeck  
(Date received local report) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov. day 20  
year 1945 hour 7 minute 10 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.

Immediate cause of death

Labor Pneumonia

Due to.....

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 Patric E. Jayles (M., D., or other)

Address By removal Date signed 11/23/45

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

DEC 5 1945

887202

999  
N.R.

10238

10238

DEC 19 1945

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..... *W. Wilkinson*.....  
Licensed Embalmer No..... *3575*.....  
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.