

7. S. No. 2
FORM-5-43
Rev. 5-17-39
I X3687

10865

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. _____
Registrar's No. 2615

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: 2410 N. Taylor 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 30 years
years, months or days

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County 000
(c) City or town St. Louis
(If outside city or town limits, write "RURAL")
(d) Street No. 2410 N. Taylor Ave.
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME JULIA BALL
3. (b) If veteran, name war -- 3. (c) Social Security No. _____

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month March day 14th
year 1946 hour 1 minute 30 A.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.

4. Sex Female 5. Color or race Negro 6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Frank 6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased Jan. 16 1907
(Month) (Day) (Year)

Immediate cause of death Cerebral Apoplexy
Due to _____
Due to _____
Other conditions (Include pregnancy within 3 months of death) _____
Major findings:
Of operations _____
Of autopsy _____

8. AGE: Years Months Days If less than one day
39 1 28 _____ hr. _____ min.

9. Birthplace Birmingham Ala.
(City, town, or county) (State or foreign country)
10. Usual occupation Housewife

11. Industry or business --
12. Name James Burns
13. Birthplace Unavailable Ala.
(City, town, or county) (State or foreign country)
14. Maiden name Lizzie Hughes
15. Birthplace Anniston Ala.
(City, town, or county) (State or foreign country)

16. (a) Informant Frank Ball
(b) Address 2410 N. Taylor Ave.
17. (a) Burial (b) Date thereof 3-20-46
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation St. Peter's Cemetery
Chas. J. Gates
18. (a) Signature of funeral director 4107 Finney Ave.
(b) Address _____

19. (a) MAR 19 1946 (b) J. F. Bredak
(Date received local registrar) (Registrar's signature)

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)
(c) Means of injury _____
23. Signature Alfred J. Perry (M. D. or other) 3
Address Deputy Coroner Date signed 3-19-46

(Licensed Embalmer's Statement on Reverse Side)

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

9777

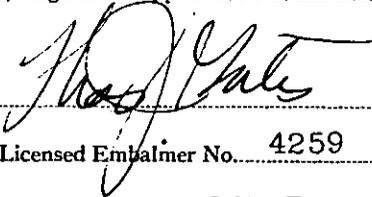
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STATEMENT BY LICENSED EMBALMER

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

..... Thomas J. Gates, Registered Apprentice No.....

working under my personal supervision.

Signed..... 

Licensed Embalmer No. 4259.....

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, fact should be so stated above.