

DEPARTMENT OF COMMERCE - THE STATE BOARD OF HEALTH OF MISSOURI
BUREAU OF THE CENSUS

FILED JUL 12 1946 STANDARD CERTIFICATE OF DEATH

State File No. _____

Registration District No. 318

Primary Registration District No. 1003

Registrar's No. 5833

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:
4812 N. Broadway
 (If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution _____
 In this community 10 Years (Specify whether
 years, months or days)

3. (a) PRINT FULL NAME Dr. William F. Ball

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

4. Sex M. 5. Color or race W. 6. (a) Single, widowed, married, divorced W. 26. (b) Name of husband or wife Mary Ball 6. (c) Age of husband or wife if alive _____ years7. Birth date of deceased Jan. 20th., 1873
(Month) (Day) (Year)8. AGE: Years Months Days If less than one day
73 5 9 _____ hr. _____ min.9. Birthplace Ark.
(City, town, or county) (State or foreign country)10. Usual occupation Doctor-M.D.

11. Industry or business _____

12. Name Unknown13. Birthplace Arkansas
(City, town, or county) (State or foreign country)14. Maiden name Unknown15. Birthplace Arkansas
(City, town, or county) (State or foreign country)16. (a) Informant Mr. J. H. Myers(b) Address 4812 N. Broadway17. (a) Removal (b) Date thereof 6-29-46
(Burial, cremation, or removal) (Month) (Day) (Year)(c) Place: burial or cremation Batesville, Ark.18. (a) Signature of funeral director Arthur J. Duvally(b) Address 3840 Lindell Blvd.19. (a) JUL 2 1946 (b) J. F. Medeck
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County Mad
 (c) City or town St. Louis 9/7
 (If outside city or town limits, write "RURAL")
 (d) Street No. 4812 N. Broadway 9/0
 (If rural, give location)
 (e) Citizen of foreign country? _____ (Yes or No)
 If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 29th.,
year 1946 hour 9 minute 0 M.21. I hereby certify that I attended the deceased from
June 24, 1946 to June 29, 1946
that I last saw him alive on June 24, 1946
and that death occurred on the date and hour stated above.

Immediate cause of death _____ Duration _____

Due to Chronic myocarditis eyesDue to 9/8Other conditions _____
(Include pregnancy within 3 months of death)Major findings: _____ PHYSICIAN _____
Of operations _____

Of autopsy _____

Underline
the cause to
which death
should be
charged sta-
tistically.

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 _____3. Signature C. Paul Poor (M. D. or other) _____Address 1730 Franklin Date signed 6-29-46

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

MOTHER FATHER

Dr. C. Basile Poore
1730 a Franklin Ave.

5833

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. VanMatre

Licensed Embalmer No. 2825

P. O. Address 4340 Lafayette

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.