

FILED JUL 22 1946
318

Registration District No. _____

Primary Registration District No. 1003

Registrar's No. 6181

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:
5451 Queens Avenue /
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____
(Specify whether
In this community 45 years
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County _____
(c) City or town St. Louis
(If outside city or town limits, write "RURAL")
(d) Street No. 5451 Queens Avenue
(If rural, give location) 0
(e) Citizen of foreign country? No (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME OLLIE G. BALLMAN

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

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

6. (b) Name of husband or wife Robert H. Ballman 6. (c) Age of husband or wife if alive 70 years

7. Birth date of deceased June 23, 1881
(Month) (Day) (Year)

8. AGE: Years 65 Months 0 Days 18 If less than one day
hr. _____ min.

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

10. Usual occupation At Home

11. Industry or business _____

12. Name J. M. Elliott
13. Birthplace Not Known Iowa Co, Mo
(City, town, or county) (State or foreign country)
14. Maiden name Not Known Sarah E. Houston
15. Birthplace Not Known Casey Co, Mo
(City, town, or county) (State or foreign country)

16. (a) Informant Robert H. Ballman
(b) Address 5451 Queens Avenue

17. (a) Entombment _____ (b) Date thereof 7/15/46
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Oak Grove Mausoleum

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

19. (a) JUL 12 1946 J. F. Brodeur
(Date received by local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 11
year 1946 hour 3:00 PM minute _____ M.

21. I hereby certify that I attended the deceased from April 6 1945
to July 11 1946
that I last saw her alive on July 11 1946
and that death occurred on the day and hour stated above.

Immediate cause of death _____
General Carcinomatous
Due to Carcinoma at head of the pancreas - Primary site

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) (c) Means of injury _____
23. Signature Ad Gettner M.D. (M. D. or other) _____
Address 2745 N. Grand Date signed: 7/12/46

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

MOTHER FATHER

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 *Gustav W. Jutule*
Licensed Embalmer No. *4329*
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.