

No. 2
 OM-5-43
 v. 5-17-39
 I X36871

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

State File No. **31529**
 Registrar's No. **2708**

FILED SEP 19 1946

Registration District No. _____ Primary Registration District No. **1003**

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:
St. Louis Children's Hospital
(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 _____
 (c) City or town **St. Louis**
(If outside city or town limits, write "RURAL")
 (d) Street No. **2405 N. Florissant**
(If rural, give location)
 (e) Citizen of foreign country? _____ (Yes or No)
 If yes, name country _____

3. (a) PRINT FULL NAME **Eugene Marvin Ball**
 3. (b) If veteran, name war **Nil** 3. (c) Social Security No. **None**
 4. Sex **Male** 5. Color or race **White**
 6. (a) Single, widowed, married, divorced **Single**
 6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive _____ years
 7. Birth date of deceased **May 26 1946**
(Month) (Day) (Year)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **Sept.** day **4**
 year **1946** hour **11:00** minute **P.** M.
 21. I hereby certify that I attended the deceased from **August 24**, 19**46**, to **Sept. 4**, 19**46**
 that I last saw him alive on **Sept. 4**, 19**46**
 and that death occurred on the date and hour stated above.

8. AGE: Years Months Days If less than one day
3 9 hr. _____ min.

Immediate cause of death: **Pyloric Stenosis**
malassimula
 Due to _____
 Due to _____
 Other conditions **Septicemia?**
(Include pregnancy within 3 months of death)

9. Birthplace **St. Louis Missouri**
(City, town, or county) (State or foreign country)

Major findings:
 Of operations _____
 Of autopsy _____
 PHYSICIAN _____
 Underline the cause to which death should be charged statistically.

10. Usual occupation **Infant**
 11. Industry or business _____
 12. Name **Marvin Ball**
 13. Birthplace **Arkansas**
(City, town, or county) (State or foreign country)
 14. Maiden name **Viola Phillips**
 15. Birthplace **Missouri**
(City, town, or county) (State or foreign country)

16. (a) Informant **Marvin Ball**
 (b) Address **2405 N. Florissant**
 17. (a) **Burial** (b) Date thereof **9-7-46**
(Burial, cremation, or removal) (Month) (Day) (Year)
 (c) Place: burial or cremation **Leubering, Missouri**
 18. (a) Signature of funeral director **Fred Williams**
 (b) Address **4535 Washington Blvd.**
 19. (a) **SEP 6 1946** (b) **[Signature]**
(Date received local registrar) (Registrar's signature)

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 **Herbert J. Kadin** (M. D. or other) _____
 Address **3537 Glasgow** Date signed **9/6/46**

(Licensed Embalmer's Statement on Reverse Side)

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.....

.....
working under my personal supervision.

Registered Apprentice No.....

Signed.....

Albert J. Hoppe

Licensed Embalmer No.....

2971

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.