

No. 2
1-5-43
5-17-39
I. X36671

DEPARTMENT OF COMMERCE
BUREAU OF VITAL STATISTICS
FILED 21 1946
318

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 8551
Registrar's No.

Registration District No. Primary Registration District No. 1003

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
1228 Euclid 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 Life (Specify whether
years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Mo. (b) County 12/17
(c) City or town St. Louis
(If outside city or town limits, write "RURAL")
(d) Street No. 1228 Euclid Ave.
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME Roderick Ball
3. (b) If veteran, name war. 3. (c) Social Security No.

4. Sex Male 5. Color or race Negro
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 December 4th, 1944
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
1 9 29 hr. min.

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

10. Usual occupation Nil
11. Industry or business

MOTHER FATHER
12. Name Marvin Bell
13. Birthplace Dallas, Texas
(City, town, or county) (State or foreign country)

14. Maiden name Hester Whitfield
15. Birthplace St. Louis, Missouri
(City, town, or county) (State or foreign country)

16. (a) Informant Marvin Bell
(b) Address 1228 N. Euclid
17. (a) Burial (b) Date thereof 10-5-46
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Washington Park Cem.

18. (a) Signature of funeral director Chas. J. Gates
(b) Address 4107 Finney Avenue
19. (a) OCT 4 1946 (Date received local Registrar)
J. F. Bissett (Registrar's signature)

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month October day 3rd
year 1946 hour 8 minute 45 M.

21. I hereby certify that I attended the deceased from
to
that I last saw h. alive on
and that death occurred on the date and hour stated above

Immediate cause of death Second & Third Degree Thermal Burns of 75% of the body surface; suffered when Deceased stumbled over a bucket of scalding water in the basement of his home at 1228 N. Euclid Ave. on Sept 25th 1946 at about 11:15 PM

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) Accident
(b) Date of occurrence Sept 25 1946
(c) Where did injury occur? at home
(City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place?
Home

(Specify type of place)
While at work? (c) Means of injury to home
23. Signature Donald J. Perry (M. D. or other) B
Address 1300 Clark Ave. Date signed 10-4-46

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD
33748

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..... *Thomas J. Gates*

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.