

No. 2
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5-17-39
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

10514

FILED APR 21 1947

State File No.

3355

Registration District No.

Primary Registration District No.

1003

Registrar's No.

1. PLACE OF DEATH:

(a) County _____
(b) City or town St. Louis, Mo.
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
6332 Arthur 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 _____
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County _____
(c) City or town St. Louis
(If outside city or town limits, write "RURAL")
(d) Street No. 6332 Arthur Ave.
(If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 28
year 1947 hour 7:15 minute _____ A. M.
21. I hereby certify that I attended the deceased from
Sept 15 1946, to March 27 1947
that I last saw h. u alive on March 27 1947
and that death occurred on the date and hour stated above.

Immediate cause of death: Renal Carcinoma
Due to: Primary left Breast

Duration

3. Ch

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)
(e) Means of injury _____
23. Signature Harold G. Ott (M. D. or other) W
Address 2816 Sutton Highlands Date signed 3/28/47

3. (a) PRINT FULL NAME PEARL BALLOWE

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

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

6. (b) Name of husband or wife William H. 6. (c) Age of husband or wife if alive 51 years

7. Birth date of deceased Aug. 10 1888
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
58 7 18 hr. _____ min.

9. Birthplace St. Louis Co. Mo.
(City, town, or county) (State or foreign country)

10. Usual occupation Housework

11. Industry or business _____

12. Name E. Lathrop

13. Birthplace U. S.
(City, town, or county) (State or foreign country)

14. Maiden name Ann Boly

15. Birthplace U. S.
(City, town, or county) (State or foreign country)

16. (a) Informant William H. Ballowe

(b) Address 6332 Arthur Ave.

17. (a) Removal (Mtr.) Date thereof 3 31 47
(Burial, entombment, or reinterment) (Month) (Day) (Year)

(c) Place: burial or cremation _____

18. (a) Signature of funeral director Kriegshauser Und. Co.
(b) Address 4228 So. Kingshighway Bl.

19. (a) MAR 28 1947 J. F. Breda
(Date received local registrar) (Registrar's signature)

(Licensed Embalmer's Statement on Reverse Side)

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

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 Richard H. Stovesand

Licensed Embalmer No. 4007

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.