

No. 2
-12-45
-17-39
X47070

FILED SEP 2 1947

Registration District No. 318

Primary Registration District No. 1003

Registrar's No. 7831

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:
3533a N. Grand Blvd.
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution..... (Specify whether
years, months or days)

In this community..... (Specify whether
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County St. Louis

(c) City or town St. Louis
(If outside city or town limits, write "RURAL")

(d) Street No. 3533a N. Grand Blvd.
(If rural, give location)

(e) Citizen of foreign country? No (Yes or No)

If yes, name country.....

3. (a) PRINT FULL NAME Eleanora Elizabeth Ballentine

3. (b) If veteran, name war None

3. (c) Social Security No. 494-01-6338

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month August day 17
year 1947 hour 5 minute 38 P.M.

4. Sex Female 5. Color or race white

6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Sherman

6. (c) Age of husband or wife if alive 52 years

7. Birth date of deceased April 30 1900
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from 23-July
1947, to 17-Aug 1947
that I last saw her alive on 15-Aug 1947
and that death occurred on the date and hour stated above.

8. AGE:

Years	Months	Days	If less than one day
<u>47</u>	<u>3</u>	<u>17</u>	hr. min.

Immediate cause of death
Coronary artery disease (Bilateral) & Generalized 1 yr.
Due to Myocardial

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

Duration

Due to 50

Other conditions (Include pregnancy within 3 months of death)

10. Usual occupation P.B.X. Operator

11. Industry or business Armour & Co.

12. Name Ernst M. Bueltmann

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

14. Maiden name Josephine Roehr

15. 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.

16. (a) Informant Mr. Sherman Ballentine

(b) Address 3533a N. Grand Blvd.

17. (a) Burial (b) Date thereof 8/20/47
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Calvary Cemetery

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? Y

18. (a) Signature of funeral director Provoost and Co.

(b) Address 3710 N. Grand Blvd.

19. (a) AUG 18 1947 (b) J. F. Provoost
(Date received local registrar) (Registrar's signature)

(Specify type of place)
While at work..... (e) Means of injury.....

23. Signature Josephine Ballentine (M. D. or other) M.D.

Address 4501 N. Grand Blvd. Date signed 18 Aug 47

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 W E Morris

Licensed Embalmer No. 3360

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.