No. 2
—1/47
5-17-39

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

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

FILED OCT 4 1947

Registration District No. 318

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 1003

State File No. 32300

Registrar's No. 9001

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 Park Plaza, 220 N. Kingshighway (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

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County 000
(c) City or town St. Louis, 17 (If outside city or town limits, write "RURAL")
(d) Street No. 220 N. Kingshighway Blvd., 9 (If rural, give location)
(e) Citizen of foreign country? no (Yes or No) 0
If yes, name country

3. (a) PRINT FULL NAME Bernice Charlotte Ballard.
3. (b) If veteran, name war no
3. (c) Social Security No. no
4. Sex Female
5. Color or race White
6. (a) Single, widowed, married, divorced Widowed
6. (b) Name of husband or wife unknown Ballard.
6. (c) Age of husband or wife if alive years
7. Birth date of deceased Aug. (Month) 19 (Day) 1883 (Year)

8. AGE: Years	Months	Days	If less than one day
64	1	6	hr. min.

9. Birthplace St. Louis, (City, town, or county) Missouri (State or foreign country)
10. Usual occupation at home
11. Industry or business
FATHER 12. Name James F. Ballard.
13. Birthplace Astabula, (City, town, or county) Ohio (State or foreign country)
MOTHER 14. Maiden name Emma Hadley.
15. Birthplace Vincennes, (City, town, or county) Indiana (State or foreign country)
16. (a) Informant Mrs. Nellie B. White.
(b) Address 6255 Wydown Blvd.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 9-27-47 (Month) (Day) (Year)
(c) Place: burial or cremation Bellefontaine Cemetery.
18. (a) Signature of funeral director C.R.Lupton & Sons.,
(b) Address 7233 Delmar Blvd.,
19. (a) SEP 26 1947 (Date received local registrar) (b) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month Sept. day 25 year 1947 hour 8:00 minute a. M.
21. I hereby certify that I attended the deceased from June 1943 19 to Sept 25, 1947 19 and that I last saw her alive on Sept 25, 1947 19 and that death occurred on the date and hour stated above.

Immediate cause of death — Duration
Acute Coronary Thrombosis (Sudden)
Due to Arterial Hypertension, 4 years.
Due to General arteriosclerosis
Other conditions Bronchectasis, chronic, 4 years
(Include pregnancy within 3 months of death)
Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause of 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? (Specify type of place) 0
While at work? (e) Means of injury
23. Signature Hiram L. Leggett (M. D. or other) M.D.
Address 3720 Washington Blvd Date signed 9/26/47

Jefferson City Printing Co.
(Licensed Embalmer's Statement on Reverse Side) Patient of Dr Day.

Je 1551

1-4 P.M.

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 Clarence H. Murray

Licensed Embalmer No. 4011

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.