

10-47  
17-39  
1-3908

FILED MAR 25 1948

Registration District No. 318

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:  
Homer G Phillips Hospital 0  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution 19 days  
(Specify whether  
In this community OVER 2 yrs years, months or days)

3. (a) PRINT FULL NAME John Ballard

3. (b) If veteran, name war \_\_\_\_\_ 3. (c) Social Security No. No

4. Sex M 5. Color or race Col 6. (a) Single, widowed, married, divorced m  
6. (b) Name of husband or wife Mary 6. (c) Age of husband or wife if alive 52 years  
7. Birth date of deceased unknown  
(Month) (Day) (Year)

8. AGE: Years abt-63 Months - Days - If less than one day hr. min.

9. Birthplace Sugar Rock Miss (City, town, or county) (State or foreign country)  
10. Usual occupation Janitor

11. Industry or business \_\_\_\_\_  
12. Name unknown  
13. Birthplace unknown (City, town, or county) (State or foreign country)  
14. Maiden name unknown  
15. Birthplace unknown (City, town, or county) (State or foreign country)

16. (a) Informant Mary Kennedy Ballard  
(b) Address 4117 Delmar

17. (a) Burial (b) Date thereof \_\_\_\_\_ (City or town) (County) (State)  
(c) Place: burial or cremation Wash Park

18. (a) Signature of funeral director Wash Park  
(b) Address 2726 Lusk Ave

19. (a) MAR 16 1948 (b) J.F. Prater  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 000  
(c) City or town St. Louis (If outside city or town limits, write "RURAL") 17  
(d) Street No. 4117 Delmar (If rural, give location) 9  
(e) Citizen of foreign country? \_\_\_\_\_ (Yes or No) 0  
If yes, name country \_\_\_\_\_

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Mar. day 11  
year 1948 hour 8 minute 30 P M.

21. I hereby certify that I attended the deceased from 2-21 1948 to 3-11 1948  
that I last saw him alive on Mar. 11 1948  
and that death occurred on the date and hour stated above.

Immediate cause of death Hypertensive Heart Disease Undet.  
Cerebral Thrombosis

Due to \_\_\_\_\_  
Due to \_\_\_\_\_

Other conditions Bilateral Bronchopneumonia  
(Include pregnancy within 3 months of death)

Major findings:  
Of operations \_\_\_\_\_  
Of autopsy None

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) (c) Means of injury \_\_\_\_\_

23. Signature Oscear F. Daniels (M. D. or other) \_\_\_\_\_  
Address 2601 N Whittier Date signed 3/12/48

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

MOTHER FATHER

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**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..... *Vera Thompson Weiss* .....

Licensed Embalmer No. *4435* .....

P. O. Address. *2618 Bellefield* .....

**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.**

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(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:  
  
(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)

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

4. Sex M 5. Color or race B 6. (a) Single, widowed, married, divorced Married  
6. (b) Name of husband or wife Mary 6. (c) Age of husband or wife if alive 62 years  
7. Birth date of deceased March (Month) 15 (Day) 1948 (Year)

8. AGE: Years Months Days If less than one day..... min.

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

10. Usual occupation

11. Industry or business

MOTHER FATHER { 12. Name.....  
13. Birthplace (City, town, or county) (State or foreign country)  
14. Maiden name.....  
15. Birthplace (City, town, or county) (State or foreign country)

16. (a) Informant.....

(b) Address.....

17. (a) (Burial, cremation, or removal) (b) Date thereof 9-15-48 (Month) (Day) (Year)

(c) Place: burial or cremation.....

18. (a) Signature of funeral director.....

(b) Address.....

19. (a) (Date received local registrar) (b) J. F. Bredeek (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

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

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March year 1948 hour..... minute..... M.

21. I hereby certify that I attended the deceased from..... 19.....  
that I last saw him..... alive on..... 19.....  
and that death occurred on the date and hour stated above.  
Immediate cause of death.....

Duration.....

Due to.....

Due to.....

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..... (M. D. or other).....

Address..... Date signed.....

SUPPLEMENTARY

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

S-9956

9. 2723