FEDERAL SECURITY AGENCY
National Office of Vital Statistics

MISSOURI DIVISION OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 21653

FILED JUL 1 1 1948

Registration District No. 1487

Primary Registration District No. 6076

Registrar's No. 1647

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

1. PLACE OF DEATH:

(a) County St. Louis

(b) City or town Jefferson Barracks
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:
Veterans Administration Hospital D
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 11 days (Specify whether
In this community 11 days
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Illinois (b) County E. St Louis 999

(c) City or town E. St Louis 11
(If outside city or town limits, write "RURAL")

(d) Street No. 1429 Trendley Ave. 6
(If rural, give location)

(e) Citizen of foreign country? (Yes or No) 2

If yes, name country

3. (a) PRINT FULL NAME BALLARD, James

3. (b) If veteran, name war WW-I

3. (c) Social Security No. Unknown

4. Sex Male 2

5. Color or race Negro

6. (a) Single, widowed, married, divorced Single 0

6. (b) Name of husband or wife

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

7. Birth date of deceased August (Month) 19 (Day) 1894 (Year)

8. AGE: Years 53 Months 10 Days 14 If less than one day hr. min.

9. Birthplace Macon, Mississippi (City, town, or county) (State or foreign country) 1

10. Usual occupation Laborer

11. Industry or business

FATHER
12. Name Clemon Ballard
13. Birthplace Macon (City, town, or county) Mississippi (State or foreign country) 1

MOTHER
14. Maiden name Polly Petty
15. Birthplace Macon (City, town, or county) Mississippi (State or foreign country) 1

16. (a) Informant Registrar, VA Hospital

(b) Address Jefferson Barracks, Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 7-8-48 (Month) (Day) (Year)

(c) Place: burial or cremation Jefferson Barracks

18. (a) Signature of funeral director P. Q. CRIGGLER FUNERAL HOME

(b) Address 1036 Tudor, E St Louis Illinois

19. (a) 7-8-48 (Date received local registrar) (b) Earl J Sharp MD MSW (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 3rd year 1948 hour 7:55 minute A.M.

21. I hereby certify that I attended the deceased from June 22, 1948, to July 3, 1948 that I last saw him alive on July 3, 1948 and that death occurred on the date and hour stated above.

Immediate cause of death Syphilitic heart disease, cardiac decompensation, aortic valve insufficiency

Due to

Due to 30

Other conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy No autopsy performed

Duration

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? (Specify type of place)

While at work? (e) Means of injury

23. Signature L. E. Stelwell (M. D. ~~or other~~)

Address VA H. Jefferson Bar Date signed 7-6-48

(Licensed Embalmer's Statement on Reverse Side)

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 TM

....., Registered Apprentice No.....

working under my personal supervision.

Signed Ben. H. Baldus

Licensed Embalmer No. 2420

P. O. Address E. St Louis

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply wi the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.