

S. No. 300
M-10-47
v. 5-17-39
I 3906

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

MISSOURI DEPARTMENT OF HEALTH
STANDARD CERTIFICATE OF DEATH

37836
State File No.
Registrar's No. 10069

FILED DEC 2 1948
Registration District No. 398

Primary Registration District No. 1003

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

1. PLACE OF DEATH:
(a) County.....
(b) City or town St. Louis
(c) Name of hospital or institution:
1228a Euclid
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution.....
Life (Specify whether
In this community.....
years, months or days)

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

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

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

7. Birth date of deceased Oct. 19, 1908
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
40 00 28 hr. min.

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

10. Usual occupation Bookkeeper

11. Industry or business St. Louis Argus

12. Name Harry H. Ball

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

14. Maiden name Ada v. Hill

15. Birthplace Rutherford, Tenn.
(City, town, or county) (State or foreign country)

16. (a) Informant Ada v. Ball

(b) Address 1228a Euclid Avenue

17. (a) Burial (b) Date thereof 11-22-'48
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Washington Park Cem.

18. (a) Signature of funeral director Russell Und., Co.

(b) Address 2732 Pine Boulevard

19. (a) NOV 20 1948 (b) J. B. Lanster
(Date received local registrar) (Registrar's signature)

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. 1228a Euclid (If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country.....

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month 11 day 17
year 48 hour..... minute 7 P.M.
21. I hereby certify that I attended the deceased from....., 19....., to....., 19.....
that I last saw h..... alive on....., 19.....
and that death occurred on the date and hour stated above.

Immediate cause of death..... Duration
Pulmonary Embolism
Due to Non-perforant
Due to.....
Other conditions.....
(Include pregnancy within 3 months of death) ///

PHYSICIAN
Major findings:
Of operations.....
Of autopsy.....
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?..... Means of injury 3
23. Signature [Signature] (M. D. or other)
Address..... Date signed 11/19/48

S

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.....
William M. Brown....., Registered Apprentice No. 272
working under my personal supervision.

Signed Clark Young
Licensed Embalmer No. 3371
P. O. Address St. Louis

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.