

FILED MAY 27 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 17052
4446

BIRTH NO. _____ REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003 Registrar's No. _____

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY	
b. CITY (If outside corporate limits, write RURAL and give township) St. Louis 2		c. CITY (If outside corporate limits, write RURAL and give township) St. Louis 71	
c. LENGTH OF STAY (In this place) WIFE		d. STREET ADDRESS (If rural, give location) 2753 St. Vincent Street	
d. FULL NAME OF HOSPITAL OR INSTITUTION Enroute to City Hospital #1			

3. NAME OF DECEASED (Type or Print) a. (First) EMMA b. (Middle) MARY c. (Last) BALLENTINE		4. DATE OF DEATH (Month) (Day) (Year) MAY 19 1949	
5. SEX F	6. COLOR OR RACE W	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED, (Specify) W	8. DATE OF BIRTH MAY 2-1892
9. AGE (In years last birthday) 57		IF UNDER 1 YEAR Months 0 Days 14	IF UNDER 24 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) House-wife		10b. KIND OF BUSINESS OR INDUSTRY	
11. BIRTHPLACE (State or foreign country) St. Louis, Missouri		12. CITIZEN OF WHAT COUNTRY?	

13a. FATHER'S NAME ERNEST TRENDLE		13b. MOTHER'S MAIDEN NAME KATHRYN SPUNKNOBLE		14. NAME OF HUSBAND OR WIFE LEE A. BALLENTINE	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO.		17. INFORMANT'S SIGNATURE OR NAME MAY TRENDLE, 2753 St. Vincent	
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		MEDICAL CERTIFICATION			INTERVAL BETWEEN ONSET AND DEATH

1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a)		DUE TO (b)		DUE TO (c)	
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.		Pulmonary Oedema		C. Arteriosclerotic Myopathy	
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.					

19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR H2H2	

22. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at 6:40 A.M., from the causes and on the date stated above.

23a. SIGNATURE Edward E. Jay Lov 3		23b. ADDRESS 2316 Allen Ave		23c. DATE SIGNED 5-18-49	
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 5-19-49		24c. NAME OF CEMETERY OR CREMATORY New Piekert		24d. LOCATION (City, town, or county) (State) St. Louis Missouri	
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DATE REC'D BY LOCAL REG. MAY 18 1949		REGISTRAR'S SIGNATURE J. B. Laster		25. FUNERAL DIRECTOR'S SIGNATURE Allen W. McLaughlin		ADDRESS 2301 Lafayette	
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WRITE PLAINLY—USING 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 _____

Student Embalmer No. _____

working under my personal supervision.

Student
Student Embalmer

Signed _____

Licensed Embalmer No. _____

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.