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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED JAN 31 1951

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 2332
638

Registration District No. 318 Primary Registration District No. 1003 Registrar's No.

1. PLACE OF DEATH:

(a) County ~~St Louis~~
(b) City or town St Louis, Mo
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Mo Pacific Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution few hrs (Specify whether
In this community none
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Illinois (b) County St Clair
(c) City or town East St Louis Ill 8120
(If outside city or town limits, write "RURAL") 4
(d) Street No. 13 N. 25th St
(If rural, give location)
(e) Citizen of foreign country? no (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME Leon Ballard
3. (b) If veteran, name war
3. (c) Social Security No.
4. Sex M 2
5. Color or race Negro
6. (a) Single, widowed, married, divorced M 1
6. (b) Name of husband or wife Hattie Ballard
6. (c) Age of husband or wife if alive years
7. Birth date of deceased June (Month) 15 (Day) 1907 (Year)
8. AGE: Years 43 Months — Days If less than one day hr. min.
9. Birthplace Shuoulak (City, town, or county) Miss. 1 (State or foreign country)
10. Usual occupation laboror
11. Industry or business
FATHER
12. Name Lee Ballard
13. Birthplace Miss (City, town, or county) (State or foreign country)
MOTHER
14. Maiden name Ada Smith Miss
15. Birthplace Miss (City, town, or county) (State or foreign country)
16. (a) Informant Hattie Ballard
(b) Address 13 North 25 St 1
17. (a) x (Burial, cremation, or removal) (b) Date thereof 25 Jan 1951 (Month) (Day) (Year)
(c) Place: burial or cremation East St Louis, Ill
18. (a) Signature of funeral director R H Officer Funeral Home
(b) Address 2114 Mo Av
19. (a) JAN 22 1951 (Date received local registrar) (b) Jr B Lucater (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan day 20 1951
year hour 12 minute 25A 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 Subdural Hemorrhage
Multiple fractures, suffered when struck by auto driven by one James Egell Jr (col) Decor Brd & Broadway E. St Louis Ill about 9:40 pm
Due to Jan 20 1951
Accident

Duration

Other conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy
air

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) Accident
(b) Date of occurrence Jan 20 1951
(c) Where did injury occur? E St Louis Ill (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? Street
(Specify type of place)
While at work? (e) Means of injury 3
23. Signature Almir E Leyland Coon (M. D. or other)
Address 1300 Clark Date signed 1/25/51

(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 Me

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

working under my personal supervision.

Signed Ben. H. Baldwin

Licensed Embalmer No. 2420

P. O. Address E. St. Louis Ill

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

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