

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

11193

State File No.

FILED APR 4 1953

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2971

BIRTH NO. _____		REG. DIST. NO. _____		PRIMARY REG. DIST. NO. _____		Registrar's No. _____	
1. PLACE OF DEATH a. COUNTY _____				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY _____			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>St. Louis</u>		c. LENGTH OF STAY (in this place) _____		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>St. Louis</u>		2219	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Homer G Phillips Hospital</u>				d. STREET ADDRESS (If rural, give location) <u>2926 Lucas Ave</u>			
3. NAME OF DECEASED (Type or Print) <u>Laura</u>		a. (First)		b. (Middle) <u>Ballard</u>		c. (Last)	
4. DATE OF DEATH <u>March 16, 1953</u>		(Month)		(Day)		(Year)	
5. SEX <u>Female</u>		6. COLOR OR RACE <u>Negro</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u>		8. DATE OF BIRTH <u>Oct. 9, 1889</u>	
9. AGE (In years last birthday) <u>63</u>		# UNDER 1 YEAR Months		# UNDER 1 YEAR Days		# UNDER 1 YEAR Hours	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>None</u>		11. BIRTHPLACE (City and State or Foreign Country) <u>Leland, Mississippi</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S. A.</u>	
13a. FATHER'S NAME <u>Unknown</u>		13b. MOTHER'S MAIDEN NAME <u>Unknown</u>		14. NAME OF HUSBAND OR WIFE <u>Deceased</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>		16. SOCIAL SECURITY NO. <u>None</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Hezekiah Warren</u> ADDRESS <u>2926 Lucas Ave.</u>			
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) <u>None</u>		MEDICAL CERTIFICATION				INTERVAL BETWEEN ONSET AND DEATH <u>Undet.</u>	
This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (a) <u>Carcinoma of Cervix (epidermoid) with</u>					
		ANTECEDENT CAUSES					
		DUE TO (b) <u>Generalized Metastasis</u>					
		DUE TO (c) <u>Generalized Arteriosclerosis</u>				Undet.	
II. OTHER SIGNIFICANT CONDITIONS		Conditions contributing to the death but not related to the disease or condition causing death. <u>Generalized Arteriosclerosis</u>					
19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION _____				20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
21a. ACCIDENT (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) _____		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? <u>174X</u>			
22. I hereby certify that I attended the deceased from <u>2-10-</u> 19 <u>53</u> , to <u>3-16</u> , 19 <u>53</u> that I last saw the deceased alive on <u>3-16</u> , 19 <u>53</u> , and that death occurred at <u>2 P</u> m., from the causes and on the date stated above.							
23a. SIGNATURE <u>M. Alan Harris</u> (Degree or title) <u>M. D.</u>				23b. ADDRESS <u>2601 N Whittier St</u>		23c. DATE SIGNED <u>3-17-53</u>	
24a. BURIAL, CREMATION-REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>Mar. 20, 53</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Oak Dale Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>St. Louis County, Mo.</u>	
DATE REC'D BY LOCAL REG. <u>MAR 18 1953</u>		REGISTRAR'S SIGNATURE <u>J. Carl Smith MD</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>C. J. Nash</u> ADDRESS <u>3847 Page</u>			

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

C. J. Nash

Licensed Embalmer No. 2432

P. O. Address 3847 Page Bl

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.