

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

2553

State File No.

BIRTH NO. FILED FEB 4 1954 REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003 Registrar's No. 0842

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| 1. PLACE OF DEATH a. COUNTY | | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Illinois b. COUNTY Madison | |
| b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis | | c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Venice | |
| c. LENGTH OF STAY (In this place) 10 Mins | | d. STREET ADDRESS (If rural, give location) 93 Weaver Street | |
| d. FULL NAME OF HOSPITAL OR INSTITUTION (DOA) St. Mary's Infirmary | | | |

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| 3. NAME OF DECEASED (Type or Print) WILLIE | a. (First) | b. (Middle) | c. (Last) BALLINGER | 4. DATE OF DEATH (Month) (Day) (Year) Jan 26, 1954 |
|--|------------|-------------|---------------------|--|

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|-----------------|------------------------|--|--------------------------------|------------------------------------|------------------------|----------------------|-----------------------|-----------------------|
| 5. SEX Female 3 | 6. COLOR OR RACE Negro | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married | 8. DATE OF BIRTH July 24, 1900 | 9. AGE (In years last birthday) 53 | IF UNDER 1 YEAR Months | IF UNDER 1 YEAR Days | IF UNDER 1 YEAR Hours | IF UNDER 1 YEAR Mins. |
|-----------------|------------------------|--|--------------------------------|------------------------------------|------------------------|----------------------|-----------------------|-----------------------|

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| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife | 10b. KIND OF BUSINESS OR INDUSTRY at home | 11. BIRTHPLACE (City and State or Foreign Country) Greenwood, Mississippi | 12. CITIZEN OF WHAT COUNTRY? USA |
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| 13a. FATHER'S NAME Unknown | 13b. MOTHER'S MAIDEN NAME Unknown | 14. NAME OF HUSBAND OR WIFE Andrew Ballinger |
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| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) NO | 16. SOCIAL SECURITY NO. None | 17. INFORMANT'S SIGNATURE OR NAME Andrew Ballinger-93 Weaver St. Madison, Ill | ADDRESS |
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| 18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, ashenia, etc. It means the disease, injury, or complication which caused death. | MEDICAL CERTIFICATION | | INTERVAL BETWEEN ONSET AND DEATH |
| | I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Pulmonary Oedema DUE TO (c) Cardiac Hypertrophy | | |
| II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. | | | |

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| 19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> |
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| 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) |
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| 21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m. | 21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/> | 21f. HOW DID INJURY OCCUR? 434.3 |
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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 236A m., from the causes and on the date stated above.

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| 23a. SIGNATURE [Signature] (Degree or title) | 23b. ADDRESS 1300 Clark | 23c. DATE SIGNED 1/27/54 |
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|---|------------------------|---|---|
| 24a. BURIAL, CREMATION, REMOVAL (Specify) Removal | 24b. DATE Jan 27, 1954 | 24c. NAME OF CEMETERY OR CREMATORY EAST ST. LOUIS, ILLINOIS | 24d. LOCATION (City, town, or county) (State) |
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| DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE JAN 27 1954 [Signature] | 25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Marshall Funeral Home-East St. Louis, Ill. |
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(Licensed Embalmer's Statement on Reverse Side)

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 *Thomas M. Babson*

Licensed Embalmer No. 4479

2205 Missouri Ave.

P. O. Address East St. Louis, Ill.

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.