

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

FILED NOV 8 1955

State File No. **34458**
Registrar's No. **91**

BIRTH NO. _____ REG. DIST. NO. **306** PRIMARY REG. DIST. NO. **6048**

1. PLACE OF DEATH a. COUNTY St. Charles		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY St. Louis	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Wentzville PARADISE		c. CITY OR TOWN Chesterfield	d. In Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
c. LENGTH OF STAY (in this place) _____		e. STREET ADDRESS (If rural, give location) Rt. 1, Chesterfield	
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION Highway - 2 mi. E. of			

3. NAME OF DECEASED (Type or Print) a. (First) LUTHER b. (Middle) ALLEN c. (Last) BALL			4. DATE OF DEATH (Month) (Day) (Year) Oct. 26, 1955		
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5. SEX Male		6. COLOR OR RACE Negro		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married		8. DATE OF BIRTH Jan. 18, 1927		9. AGE (In years last birthday) 28		IF UNDER 1 YEAR Months 9 Days 8		IF UNDER 24 HRS. Hours Min. 	
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Garbage Collector			10b. KIND OF BUSINESS OR INDUSTRY Edward Novell			11. BIRTHPLACE (City and State or Foreign Country) St. Louis, Missouri			12. CITIZEN OF WHAT COUNTRY? U. S. A.		
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13a. FATHER'S NAME George Ball			13b. MOTHER'S MAIDEN NAME Elsie Carter			14. NAME OF HUSBAND OR WIFE Savannah Ball		
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give way or dates of service) Yes Army Res. A.G.C.		16. SOCIAL SECURITY NO. 488-430-488		17. INFORMANT'S SIGNATURE OR NAME Savannah Ball		ADDRESS Rt. 1, Chesterfield	
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18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		MEDICAL CERTIFICATION						Mo.		INTERVAL BETWEEN ONSET AND DEATH	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Multiple Injuries		DUPLICATE OF (b) Auto accident one car and two trucks									
*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.		DUPLICATE OF (c) _____									
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 type="checkbox"/> NO <input checked="" type="checkbox"/>	
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21a. ACCIDENT SUICIDE HOMICIDE (Specify) accident		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) Highway #40		21c. (CITY, TOWN, OR TOWNSHIP) Dardenne (COUNTY) St. Charles (STATE) Mo	
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) October, 26-55		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		21f. HOW DID INJURY OCCUR? Car ran into truck	
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22. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, and that death occurred at _____, 19____, from the causes and on the date stated above.
Held inquest October, 27, 1955

23a. SIGNATURE (Degree or title) <i>Mavis Murchom</i>		23b. ADDRESS Corner 3 Wentzville, Mo.		23c. DATE SIGNED Nov. 3, 1955	
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24a. BURIAL, CREMATION, REMOVAL (Specify) Removal		24b. DATE 11/1/55		24c. NAME OF CEMETERY OR CREMATORY Church Cemetery		24d. LOCATION (City, town, or county) (State) W. Gumbo, Missouri	
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DATE REC'D BY LOCAL REG. Nov 5 - 55		REGISTRAR'S SIGNATURE <i>E. Keithley</i>		25. FUNERAL DIRECTOR'S SIGNATURE Charles J. Gates		ADDRESS 4107 Finney Ave.	
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

NOV 9 1955

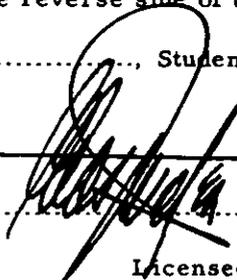
NOV 10 1955

NOV 12 1955

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 Signature of Student Embalmer

Signed 

Licensed Embalmer No. 1870

P. O. Address 4107 Finney

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting. If this body is not embalmed, fact should be so stated above.