THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

59-018906
STATE FILE NUMBER

FILED JUN 4 1959 Registration District No. ..... Primary Registration District No. ..... Registrar's No. 2 5052

1. PLACE OF DEATH a. COUNTY Cardinal Glennon Hosp.	2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Mo. b. COUNTY Franklin
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN ST. LOUIS MO. Inside Limits Yes ☐ No ☐	c. CITY OR TOWN WASHINGTON 036 2 0 Inside Limits Yes ☒ No ☐
c. FULL NAME OF HOSPITAL OR INSTITUTION (If NOT in hospital, give location) CARDINAL GLENNON Length of stay in 1b 9 HRS.	d. STREET ADDRESS (If outside, give location) 317 LOCUST Reside on Farm Yes ☐ No ☒

3. NAME OF DECEASED (Type or print) First LINDA Middle KAY Last BALLMANN			4. DATE OF DEATH Month 5 Day 24 Year 59		
5. SEX F	6. COLOR OR RACE W	7. MARRIED ☐ NEVER MARRIED ☒ WIDOWED ☐ DIVORCED ☐	8. DATE OF BIRTH 5-16-57	9. AGE (In years last birthday) 2	IF UNDER 1 YEAR Months Days / IF UNDER 24 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) None		10b. KIND OF BUSINESS OR INDUSTRY ✓	11. BIRTHPLACE (City and state or country) WASHINGTON, MO.	12. CITIZEN OF WHAT COUNTRY? U.S.A.	
13. FATHER'S NAME MERLIN E. BALLMAN			14. MOTHER'S MAIDEN NAME BECKMANN, Darlene		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service)		16. SOCIAL SECURITY NO. None	17. INFORMANT Merlin E. Ballmann, Address Washington, Mo.		

MEDICAL CERTIFICATION

18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).]
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) Respiratory Failure
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b) Cerebral Edema
DUE TO (c) Head Encephalopathy
INTERVAL BETWEEN ONSET AND DEATH

OK Paul J. Lynch Deputy Coroner 5/27/59

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a)
Probable Renal Tubular Damage 885.0 14

19. WAS AUTOPSY PERFORMED? YES ☒ NO ☐

20a. ACCIDENT ☒ SUICIDE ☐ HOMICIDE ☐

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)
Child chewed paint off bannister at home.

20c. TIME OF INJURY Hour a. m. p. m. ? Month, Day, Year ab. 5-3-59

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20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

20e. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.) 65 Home

20f. CITY, TOWN, OR LOCATION Washington COUNTY STATE Mo.

21. I attended the deceased from 5/23/59, to 5/24/59 and last saw her alive on 5/24/59
Death occurred at 7 00 p m on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) P G Davis M. D.	22b. ADDRESS 35 N. Central Clayton, Mo.	22c. DATE SIGNED 5/24/59

23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE May 27, 1959	23c. NAME OF CEMETERY OR CREMATORY St. Francis Cemetery	23d. LOCATION (City, town, or county) (State) Washington, Missouri
24. FUNERAL DIRECTOR Nieburg & Vitt Eve. L H Vitt	ADDRESS Washington, Mo	25. DATE RECD. BY LOCAL REG. MAY 25 '59	26. REGISTRAR'S SIGNATURE Carl Smith. M.D.

(Licensed Embalmer's Statement on Reverse Side)

Diseases in Part I must be casually related. Coroner cannot certify to a death due to natural causes.
USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was

by me, or by ....., Student Embalmer No.....

working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed Lester A. Witt

Licensed Embalmer No. 3

P. O. Address Washing

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING.
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.