JRI DIVISION OF HEALTH – STANDARD CERTIFICATE OF DEATH

60-031839
STATE FILE NUMBER

FILED VS AUG 30 1960 Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 8209

ENDED

1. PLACE OF DEATH
a. COUNTY: St Louis
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN: St. Louis, Missouri — Length of stay in 1b: 6 Days
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION: Peoples Hospital — Inside Limits: Yes X No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE: Illinois — b. COUNTY: St. Clair
c. CITY OR TOWN: East St. Louis — Inside Limits: Yes X No ☐
d. STREET ADDRESS (If outside, give location): 1516 Piggott Ave. — Reside on Farm: Yes ☐ No X

3. NAME OF DECEASED (Type or print): First: LAURA — Middle: B. — Last: BALLARD

4. DATE OF DEATH: Month: August — Day: 19, — Year: 1960

5. SEX: Female

6. COLOR OR RACE: Colored

7. Married X Never Married ☐ Widowed ☐ Divorced ☐

8. DATE OF BIRTH: 10/4/28

9. AGE (last birthday): 31 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HR: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife

10b. KIND OF BUSINESS OR INDUSTRY: None

11. BIRTHPLACE (City and state or country): Brooksville, Miss.

12. CITIZEN OF WHAT COUNTRY: U. S. A.

13a. FATHER'S NAME: HENRY SAMS

13b. MOTHER'S MAIDEN NAME: ROSIE STARKS

14. NAME OF HUSBAND OR WIFE: HENRY BALLARD

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.: Unknown

17. INFORMANT: Henry Ballard, 1516 Piggott, E.St.L — Address

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): Hypertension — INTERVAL BETWEEN ONSET AND DEATH: 6 days
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b): Hypertensive Heart Disease. — unknown
DUE TO (c): 443x

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

PART III. If deceased was female was there a pregnancy in last 90 days. ☐ Yes X No ☐ Unknown

19. WAS AUTOPSY PERFORMED? YES ☐ NO X

20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF INJURY: Hour a.m. p.m. — Month, Day, Year

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.)

20f. CITY, TOWN, OR LOCATION — COUNTY — STATE

21. I attended the deceased from Aug 13, 1960, to Aug 19, 1960 and last saw her alive on Aug 19, 1960
Death occurred at Peoples Hosp 8-19-60 1:40 am on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title): Roy W Kenney MD

22b. ADDRESS: 2424 Ridge East St Louis Ill

22c. DATE SIGNED: 8-19-60

BY AFFIDAVIT OF

23a. BURIAL, CREMATION, REMOVAL (Specify): Burial

23b. DATE: 8/22/60

23c. NAME OF CEMETERY OR CREMATORY: Booker Washington

23d. LOCATION (City, town, or county) (State): Centreville Township, Ill.

24. FUNERAL DIRECTOR: Marion E. Officer — ADDRESS: 2114 Missouri E.St.Louis.Ill.

25. DATE RECD. BY LOCAL REG.: AUG 20 1960

26. REGISTRAR'S SIGNATURE: Earl Smith M.D.

DOCUMENT

STATEMENT BY LICENSED EMBALMER

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

or by _____, Student Embalmer No._____

working under my personal supervision.

Student_____ Signed_____

Signature of Student Embalmer

Licensed Embalmer No._____

P. O. Address_____

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