

**JURY DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH**

FILED VS OCT 26 1980

-60-039500

Registration District No. **318** Primary Registration District No. **1003** Registrar's No. **10130** STATE FILE NUMBER

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <b>Missouri</b> b. COUNTY	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <b>St. Louis</b>		c. CITY OR TOWN <b>St. Louis</b>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>Homer G. Phillips</b>		d. STREET ADDRESS (If outside, give location) <b>4911 Fountain</b>	

3. NAME OF DECEASED (Type or print) First <b>Henry</b> Middle <b>Ballard</b> Last			4. DATE OF DEATH Month <b>10</b> Day <b>16</b> Year <b>60</b>		
5. SEX <b>Male</b>	6. COLOR OR RACE <b>Negro</b>	7. Married <input type="checkbox"/> Never Married <input checked="" type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <b>1-1-91</b>	9. AGE (last birthday) <b>69</b>	IF UNDER 1 YEAR Months <b>10</b> Days <b>16</b>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>RESTAURANT</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>PORTER</b>		11. BIRTHPLACE (City and state or country) <b>TENN. U.S.A.</b>	
13a. FATHER'S NAME <b>UNKNOWN</b>		13b. MOTHER'S MAIDEN NAME <b>UNKNOWN</b>		14. NAME OF HUSBAND OR WIFE <b>ANNIE WARREN FOUNTAIN</b>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO.		17. INFORMANT <b>ANNIE WARREN FOUNTAIN</b> Address <b>4911</b>	

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).  
PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a) **Toxemia Secondary to Gangrene of Cecum**

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) **Volvulus of Cecum**

DUE TO (c) **570.3**

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

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

19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	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 <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	20f. CITY, TOWN, OR LOCATION <b>St. Louis</b> COUNTY _____ STATE _____
21. I attended the deceased from <b>10-14-60</b> to <b>10-16-60</b> and last saw <sup>him</sup> alive on <b>10-16-60</b> Death occurred at <b>5:03</b> a.m. on the date stated above, and to the best of my knowledge, from the causes stated.			

22a. SIGNATURE <i>F. L. Richard</i> (Degree or title)		22b. ADDRESS <b>2601 N. Whittier St.</b>		22c. DATE SIGNED <b>10-17-60</b>
23a. BURIAL, CREMATION, REMOVAL (Specify) <b>REMOVAL</b>	23b. DATE <b>10-20-60</b>	23c. NAME OF CEMETERY OR CREMATORY <b>GREENWOOD</b>	23d. LOCATION (City, town, or county) <b>6500 STEVENS AVE, MO</b>	
24. FUNERAL DIRECTOR <b>A. F. WALTER</b> ADDRESS <b>2707 Stoddard</b>		25. DATE RECD. BY LOCAL REG. <b>OCT 19 1960</b>	26. REGISTRAR'S SIGNATURE <i>Paul Smith, M.D.</i>	

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

**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 \_\_\_\_\_

Signature of Student Embalmer

Signed

*H. Claude Gord*

Licensed Embalmer No. 348

P. O. Address 1123 N. 1st

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