

MISSOURI DIVISION OF PUBLIC HEALTH - STANDARD CERTIFICATE OF DEATH

-62-021120

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

Registration District No. **318**

Primary Registration District No. **1003**

Registrar's No. **4944**

STATE FILE NUMBER

DO NOT WRITE ON THIS STUB

AMENDED

**FILED MAY 31 1962**

1. PLACE OF DEATH  
a. COUNTY

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)  
a. STATE **Missouri** b. COUNTY

b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN **St. Louis**

Length of stay in 1b **Life**

c. CITY OR TOWN **St. Louis**

Inside Limits Yes  No

c. FULL NAME OF (IF NOT in hospital, give location) HOSPITAL OR INSTITUTION **E/R to City Hosp.**

Inside Limits Yes  No

d. STREET ADDRESS (If outside, give location) **1647a S. Jefferson**

Reside on Farm Yes  No

3. NAME OF DECEASED First Middle Last  
(Type or print) **GRACE WANN**

4. DATE OF DEATH Month Day Year  
**May 13, 1962**

5. SEX **Female**

6. COLOR OR RACE **White**

7. Married  Never Married   
Widowed  Divorced

8. DATE OF BIRTH **7/23/11**

9. AGE (last birthday) **50**

IF UNDER 1 YEAR IF UNDER 24 HR  
Months Days Hours Min.

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

10b. KIND OF BUSINESS OR INDUSTRY **Retired**

11. BIRTHPLACE (City and state or country) **St. Louis, Mo.**

12. CITIZEN OF WHAT COUNTRY **USA**

13a. FATHER'S NAME **Martin L. Ballard**

13b. MOTHER'S MAIDEN NAME **Antoinetta (Unknown)**

14. NAME OF HUSBAND OR WIFE **Harry**

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. **Yes (Unknown)**

17. INFORMANT **Studio City, California. John Corwin, P.O. Box 1351,**

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)  
PART I. DEATH WAS CAUSED BY:  
IMMEDIATE CAUSE (a) **Subdural hemorrhage, covering entire left hemisphere. Arterio Sclerosis.**  
DUE TO (b) **apparently suffered in fall in home on or about 5-13-62**  
DUE TO (c) **accident 9040-21**  
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  No  Unknown

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.) **See above**

20c. TIME OF INJURY Hour Month, Day, Year  
**5-13-62**

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.) **13 Home**  
20f. CITY, TOWN, OR LOCATION COUNTY STATE  
**St Louis, Mo**

21. I attended the deceased from \_\_\_\_\_ to \_\_\_\_\_ and last saw her/him alive on \_\_\_\_\_  
Death occurred at \_\_\_\_\_ on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) **Helen L. Taylor, Coroner**  
22b. ADDRESS **1300 Clark Ave.**  
22c. DATE SIGNED **5-15-62**

23a. BURIAL, CREMATION, REMOVAL (Specify) **removal**  
23b. DATE **5-17-62**  
23c. NAME OF CEMETERY OR CREMATORY **National Cemetery**  
23d. LOCATION (City, town, or county) (State) **Jefferson Barracks, Mo.**

24. FUNERAL DIRECTOR ADDRESS **McLaughlin, 2301 Lafayette St. Louis, Mo.**  
25. DATE RECD. BY LOCAL REG. REGISTRAR'S SIGNATURE **MAY 15 1962 Road Smith, M.O.**

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS  
 INSTEAD OF  
 DOCUMENT  
 MEDICAL CERTIFICATION  
 BY AFFIDAVIT OF  
 ITEM NO. SHOULD READ

VS 300 Rev. 4/59  
 1  
 2 **223**  
 3  
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 11 **ooo.**  
 12 **91-3**  
 13  
**91**  
 USE BLACK INK OR TYPEWRITER RIBBON

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

*Eleana Province*

Licensed Embalmer No. \_\_\_\_\_

*3403*

P. O. Address \_\_\_\_\_

*2906 groves*

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.