

**MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH**

Do not use this space.

0 37528

1. PLACE OF DEATH

County Registration District No. **791**
Township Primary Registration District No. **1003**
City **St. Louis** No. **4905** **Ludell Blvd.** St. Ward)

File No.
Registered No. **10260**
St. Ward)

2. FULL NAME

John J. Ballard
(a) Residence, No. **#4905 Ludell St., Blvd. Ward. 12** (If nonresident, give city or town and State)
(Usual place of abode)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX **Male** 4. COLOR OR RACE **White** 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) **Married**

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF **Mary Ballard**

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) **May 14, 1857**

7. AGE YEARS **75** MONTHS **6** DAYS **3** If LESS than 1 day, hrs. or min.

OCCUPATION 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. **President**
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. **J. Ballard Jewelry Co.**
10. Date deceased last worked at this occupation (month and year) 11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **St. Louis, Mo.**

13. NAME **John Ballard**

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **Germany**

15. MAIDEN NAME **Barbara Brewer**

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **France**

17. INFORMANT (ADDRESS) **Jack B. Ballard, 200 So. Gore Webster**

18. BURIAL, CREMATION, OR REMOVAL PLACE **Bellefontaine** DATE **11-19-1932**

19. UNDERTAKER (ADDRESS) **Dr. Leptaux & Sons, #1249 Olive St.**

20. FILED **NOV 19 1932** Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) **Nov 17th** 19**32**

22. I HEREBY CERTIFY, That I attended deceased from **Nov. 14th** 19**32**, to **Nov. 17** 19**32**.
I last saw him alive on **Nov. 16** 19**32**. Death is said to have occurred on the date stated above, at **6** p.m.

The principal cause of death and related causes of importance were as follows:

Central Nephroses
936
87A 930
Other contributory causes of importance:
Chronic Myocarditis - **2**

Name of operation Date of
What test confirmed diagnosis? **Autopsy** Was there an autopsy? **Yes**

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? Date of injury 19.....
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.

Manner of injury
Nature of injury **(C)**

24. Was disease or injury in any way related to occupation of deceased? **Yes**
If so, specify
(Signed) **Albert Kahrman** M. D.
(Address) **3817 Chestnut St.**

WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

Dr. Schepmauer.
3817 Cleveland.

J. P. W.