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.

AUG - 5 1937

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

Do not use this space.

1. PLACE OF DEATH
County St. Louis Childrens Hospital — Registration District No. 791 — File No. 25368
Township — Primary Registration District No. 1003 — Registered No. 6542
City (No. , St. Ward)

2. FULL NAME Ballard, Baby Boy
(a) Residence, No. 3011a Oregon St., 24 Ward.
(Usual place of abode) (If nonresident, give city or town and State)
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: M
4. COLOR OR RACE: white
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write* the word): child

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) July 5, 1937

7. AGE — YEARS — MONTHS — DAYS — If LESS than 1 day, 8¾ hrs. or min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. child
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.

FATHER
13. NAME Ralph
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Decature, Ill.

MOTHER
15. MAIDEN NAME Ruth Flunker
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) St. Louis, Mo.

17. INFORMANT (ADDRESS) M. Strom St. Louis Childrens Hospital

18. BURIAL, CREMATION, OR REMOVAL
PLACE St John DATE July 7, 1937

19. UNDERTAKER (ADDRESS) Thos Kutis 2906 Gravois Ave

20. FILED JUL 7 1937 J. F. Bredeck Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 7/5, 1937

22. I HEREBY CERTIFY, That I attended deceased from 8⁴⁵ pm 7/5, 1937, to 8⁵⁰ pm 7/5, 1937
I last saw him alive on 8⁵⁰ pm 7/5/37, 19 Death is said to have occurred on the date stated above, at 8⁵⁰ p. m.
The principal cause of death and related causes of importance were as follows:

Prematurity — Date of onset

Other contributory causes of importance:

Name of operation — Date of
What test confirmed diagnosis? — Was there an autopsy?

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

24. Was disease or injury in any way related to occupation of deceased?
If so, specify
(Signed) Ralph N. Barlow M. D.
(Address) 1500 S. Kingshighway