

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH 791

36124
 Do not use this space.

NOV 15 1937

1. PLACE OF DEATH

(a) County..... Registration District No. **1003**
 (b) Township..... Primary Registration District No. Registered No. **9701**
 (c) City **St. Louis** (d) Street No. **Missouri Baptist Hosp.** St.
 (If death occurred in Hospital or Institution, write its name instead of street and number)
 (e) Length of residence in city or town where death occurred **11** yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. da.

2. PRINT FULL NAME Sadie Irene Ballew

(a) Residence, No. **4403 Gibson** St. **18**
 (Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX **Female** 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 **James Ballew**
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) **July 27, 1905**
 7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
32 2 20

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

12. BIRTHPLACE (CITY OR TOWN) **Taskee**
 (STATE OR COUNTRY) **Missouri**

13. NAME **James D. Moore**
 14. BIRTHPLACE (CITY OR TOWN) **Taskee**
 (STATE OR COUNTRY) **Missouri**

15. MAIDEN NAME **Lottie Barnhart**
 16. BIRTHPLACE (CITY OR TOWN) **Taskee**
 (STATE OR COUNTRY) **Missouri**

17. INFORMANT **James W. Ballew**
 (ADDRESS) **4403 GIBSON**

18. BURIAL, CREMATION, OR REMOVAL PLACE **Taskee, Mo.** DATE **10/20/37**

19. FUNERAL DIRECTOR **Allen W. McLaughlin**
 (ADDRESS) **2501 Lafayette Ave.**

20. FILE **OCT 19 1937** **J. H. Bredick**
 Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) **Oct. 17, 1937**

22. I HEREBY CERTIFY, That I attended deceased from **Sept. 23, 1937** to **Oct. 17, 1937**, 19...
 I last saw her alive on **Oct 17 - 1937**, 19... Death is said to have occurred on the date stated above, at **4:25 P** m.
 The principal cause of death and related causes of importance were as follows:

1
a Cerebral Hemorrhage Date of onset **1 day**
non-traumatic
 Other contributory causes of importance: **Pneumonia bronchial.** **2-1/2 wks**

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 **Stacy Stewart** M. D.
 (Signed) **Cherine Beeg**
 (Address)

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.

MOTHER FATHER OCCUPATION

STATEMENT BY LICENSED EMBALMER

I, L.R. Cooper, Licensed Embalmer No. 3633

hereby certify that the body recorded on the reverse side of this certificate was embalmed by

me
L. E.

No. _____ or by _____
working under my personal supervision.

Registered Apprentice No. _____

Signed L.R. Cooper

Licensed Embalmer No. 3633

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.)