REC'D MAY 10 1938

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

12523
Do not use this space.

1. PLACE OF DEATH 3129 Lasalle St 2/1 791
(a) County ..... Registration District No. 1008
(b) Township ..... Primary Registration District No. ..... Registered No. 3127
(c) City St., Louis (d) Street No. ..... 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 yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME Thomas Ball 400
(a) Residence, No. 3129 Lasalle St 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: M
4. COLOR OR RACE: Col
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write* the word): Married

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): MAR 7 1880

7. AGE: YEARS 58 | MONTHS 0 | DAYS ~~24~~ 21 | If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Labor
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) (STATE OR COUNTRY): Wintzville Mo

FATHER
13. NAME: William Ball
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Wintzville Mo

MOTHER
15. MAIDEN NAME: Susie Ford
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Wintzville Mo

17. INFORMANT (ADDRESS): Lulu Ball 3129 Lasalle Street

18. BURIAL, CREMATION, OR REMOVAL
PLACE: Grnnewood DATE: April 2nd 1938

19. FUNERAL DIRECTOR (ADDRESS): Jas. H. Randle & Son 3133 Bell Avenue

20. FILED: APR 26 1938 J. F. Biedick Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): 3/28 1938

22. I HEREBY CERTIFY, That I attended deceased from 9/27, 1937, to 3/28, 1938
I last saw him alive on 3/28, 1938. Death is said to have occurred on the date stated above, at 1:30 p.m.
The principal cause of death and related causes of importance were as follows:

Myocarditis — Date of onset: 1 several mos.

Other contributory causes of importance: Nephritis (chronic interstitial) — chaus 2 ops

Name of operation: No 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) E. J. Taylor, M. D.
(Address) 3136 Chouteau

(Licensed Embalmer's Statement on Reverse Side)

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.

FRL050

STATEMENT BY LICENSED EMBALMER

I, S. Jwatson, Licensed Embalmer No. 269 f

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

L. E.

No. or by , Registered Apprentice No.

working under my personal supervision.

Signed S. Jwatson

Licensed Embalmer No. 269 f

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.)