

REC'D FEB 10 1939

MISSOURI STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

151

Do not use this space.

1. PLACE OF DEATH

- (a) County Shippert Registration District No. 791
 (b) Township 2 Primary Registration District No. 1000
 (c) City St. Louis, Missouri (d) Street No. 727 Clarendon 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.

Registered No. 1512. PRINT FULL NAME Ella Henderson Ball

- (a) Residence, No. 727 Clarendon Street St. 12
 (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) Widowed

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) June 5, 1893.

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
45 6 29

- OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. House wife
 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) Callaway County,
 (STATE OR COUNTRY) Missouri.

FATHER 13. NAME James A. Rudd

14. BIRTHPLACE (CITY OR TOWN) Saline County,
 (STATE OR COUNTRY) Missouri.

MOTHER 15. MAIDEN NAME Alice Henderson

16. BIRTHPLACE (CITY OR TOWN) Callaway County,
 (STATE OR COUNTRY) Missouri.

17. INFORMANT Everett Rudd
 (ADDRESS) 5937 Cates Avenue.

18. BURIAL, CREMATION, OR REMOVAL
 PLACE Bellflower Mo. DATE Jan 6, 1938

19. FUNERAL DIRECTOR (NAME) Albert H. Hoppe Inc.,
 (ADDRESS) 4700 Washington Blvd.

20. FILED JAN 4 1939 John Bredeck
 Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) January 4, 1938

22. I HEREBY CERTIFY, That I attended deceased from
 , 19....., to....., 19.....

I last saw h..... alive on....., 19..... Death is said
 to have occurred on the date stated above, at 9:40 A.M.

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

Fracture of Skull, Chronic (Date of onset)
Nephritis

Final Cause, Place and
manner could not be

Other contributory causes of importance:

Determined

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

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

Manner of injury See above
 Nature of injury Work

24. Was disease or injury in any way related to occupation of deceased? No
 If so, specify Alfred G. Perry
 (Signed) Alfred G. Perry
 (Address) St. Louis, Mo.

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.....

....., Registered Apprentice No.....

working under my personal supervision.

Signed.....

J. G. Sullivan

Licensed Embalmer No. 1122

P. O. Address.....

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 this body is not embalmed, above space should be left blank.