

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

16812
Do not use this space.

REC'D JUN 12 1939

1. PLACE OF DEATH

(a) County Registration District No.
 (b) Township Primary Registration District No.
 (c) City St. Louis (d) Street No. 3449 Utah 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. **4346**

2. PRINT FULL NAME Martha Ballew

(a) Residence, No. 3449 Utah St. 16
 (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 Daniel

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) July 28, 1864

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
74 9 12

OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Housewife
 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) Kentucky 1

FATHER 13. NAME Unknown 9

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown 9

MOTHER 15. MAIDEN NAME Unknown

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown

17. INFORMANT Robert Ballew
 (ADDRESS) 3449 Utah

18. BURIAL, CREMATION, OR REMOVAL PLACE Tower Grove DATE May 11, 1939
Murphysboro, Ill.

19. FUNERAL DIRECTOR (NAME) (ADDRESS) Wacker-Helderle
2331 S. Broadway

20. FILED MAY 10 1939 19 J. D. Beal Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) May 9, 1939

22. I HEREBY CERTIFY, That I attended deceased from Jan 1st, 1936, to May 9, 1939
 I last saw her alive on May 9, 1939. Death is said to have occurred on the date stated above, at 8:10 A. m.
 The principal cause of death and related causes of importance were as follows:

Hypertensive Heart Disease ✓ Date of onset Jan 1930

Other contributory causes of importance: None

Name of operation None Date of _____
 What test confirmed diagnosis? Usual Was there an autopsy? No

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? No
 If so, specify _____
 (Signed) Leon C. Hailer, M. D.
 (Address) 1504 So. Grand Blvd.

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.

1 X16603

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.....

Robert Wheeler

....., Registered Apprentice No.

working under my personal supervision.

Signed.....

Robert Wheeler

Licensed Embalmer No. *2128*

P. O. Address *St Louis, Mo*

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.