

1-10-39
-17-39
X21492

JUN 15 1940
791

Registration District No. _____
Primary Registration District No. **1003**

Registrar's No. **4150**

1. PLACE OF DEATH:

(a) County _____
(b) City or town **St. Louis**
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: **Missouri Pacific Hsp.**
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution **1 day**
(Specify whether years, months or days)

8. (a) PRINT FULL NAME **Edward Ballard 463**

3. (b) If veteran, name war _____ 3. (c) Social Security No. **702-18-3159**

4. Sex **Male** 5. Color or race **White** 6. (a) Single, widowed, married, divorced **Married**

6. (b) Name of husband or wife **Hazel Ballard** 6. (c) Age of husband or wife if alive **31** years

7. Birth date of deceased **April 9 1878**
(Month) (Day) (Year)

8. AGE: Years **62** Months **0** Days **27** If less than one day hr. min.

9. Birthplace **Petersburg Indiana**
(City, town, or county) (State or foreign country)

10. Usual occupation **Switchman**

11. Industry or business **Mo. Pacific Railroad**

12. Name **Robert Ballard**

13. Birthplace **Indiana**
(City, town, or county) (State or foreign country)

14. Maiden name **Louise Ink**

15. Birthplace **Indiana**
(City, town, or county) (State or foreign country)

16. (a) Informant **Hazel Ballard**

(b) Address **Mateese Mo.**

17. (a) **Burial** (b) Date thereof **5/9/40**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Sun Set Burial Park**

18. (a) Signature of funeral director **E. J. Schnur**
(b) Address **E. J. Schnur 3125 Lafayette**

19. (a) **MAY 5 1940** (b) **J. B. Bredeck**
(Date received local registration) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County _____
(c) City or town **Rural**
(If outside city or town limits, write "RURAL")
(d) Street No. **Mateese Mo.**
(If rural, give location)
(e) If foreign born, how long in U. S. A. ? _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **May** day **6**
year **1940** hour **5:30** minute **P** M.

21. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____; that I last saw him _____ alive on _____, 19____; and that death occurred on the date and hour stated above.

Immediate cause of death **Traumatic Hemorrhage due to compound fracture of both arms, Oedema of Brain and surgical shock, while undergoing the amputation of the arms which had been injured, CAUSE AND MANNER UNKNOWN, while switching on Missouri Pacific Locomotive manned by Howard Pinson, engineer, and Charles Wisdom, fireman, about 4.00 o'clock A.M. May 5, 1940. ACCIDENT.**

Underlying conditions (Indicate pregnancy within 3 months of death)
Sulphur Ave. H.P.R.R. yard

Major findings: Of operations _____
Of autopsy _____

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify) **Accident**
(b) Date of occurrence **5/5/40**

(c) Where did injury occur? **St. Louis, Mo.**
(City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place?
Industrial

8443
While at work **Yes** (Specify type of place) (M. D. or other)
Means of injury **Train Accident**

23. Signature **J. B. Bredeck** (M. D. or other)
Address **Deputy** Date signed _____

WRITE PLAINLY--USE UNFADING BLACK INK--MAKE A PERMANENT RECORD

MOTHER FATHER

Physician
Underline the cause to which death should be charged statistically.

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 Jose Wollmer

Licensed Embalmer No. 4014

P. O. Address 3125 Lafayette

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.