

Registration District No. \_\_\_\_\_

Primary Registration District No. 1003

Registrar's No. 5404

*FILED IN 117 1940*

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

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:  
4428a Evans Ave.  
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution \_\_\_\_\_  
(Specify whether \_\_\_\_\_)

In this community \_\_\_\_\_  
years, months or days)

3. (a) PRINT FULL NAME Harry H. Ball, Sr. 400

8. (b) If veteran, name war \_\_\_\_\_ 8. (c) Social Security No. \_\_\_\_\_

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

6. (b) Name of husband or wife Ada V. Ball 6. (c) Age of husband or wife if alive 58 years

7. Birth date of deceased July 19, 1866  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day

73 11 2 \_\_\_\_\_ hr. \_\_\_\_\_ min.

9. Birthplace: Rutherford, Tenn.  
(City, town, or county) (State or foreign country)

10. Usual occupation Nil

11. Industry or business \_\_\_\_\_

MOTHER FATHER { 12. Name Harry Ball

13. Birthplace 7 Ky.  
(City, town, or county) (State or foreign country)

14. Maiden name Sarah Bowen

15. Birthplace 2 Tenn  
(City, town, or county) (State or foreign country)

16. (a) Informant Ada V. Ball

(b) Address 4428a Evans

17. (a) Burial (b) Date thereof 6/24/40  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Washington Park Cem.

18. (a) Signature of funeral director Russell Und., Co.

(b) Address 2732 Pine Street

19. JUN 24 1940 (b) J. F. Bredrek  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County \_\_\_\_\_

(c) City or town St. Louis 11  
(If outside city or town limits, write "RURAL")

(d) Street No. 4428a Evans  
(If rural, give location)

(e) If foreign born, how long in U. S. A. ? \_\_\_\_\_ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH, Month June day 21st  
year 1940 hour 3 minute 35 A.M.

21. I hereby certify that I attended the deceased from June 19th to June 21, 1940  
that I last saw him alive on June 21, 1940  
and that death occurred on the date and hour stated above.

Immediate cause of death Pneumonia  
(2 days) History 6 days.

Duration 3 days

Due to \_\_\_\_\_

Due to \_\_\_\_\_

Other conditions \_\_\_\_\_  
(Include pregnancy within 3 months of death)

Major findings: 108  
Of operations \_\_\_\_\_

Of autopsy \_\_\_\_\_

PHYSICIAN \_\_\_\_\_  
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) \_\_\_\_\_

(b) Date of occurrence \_\_\_\_\_

(c) Where did injury occur? \_\_\_\_\_  
(City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? \_\_\_\_\_

While at work? \_\_\_\_\_ (Specify type of place) (a) Means of injury \_\_\_\_\_

23. Signature J. F. Bredrek (M. D. or other) \_\_\_\_\_  
Address 436 W. Belle Date signed 6/24/40

**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 \_\_\_\_\_

*Joel Russell*

Licensed Embalmer No. *4112*

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.**