

No. 2  
-11-10-39  
5-17-39  
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DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS  
DEC 23 1941

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

39485

State File No. \_\_\_\_\_

Registration District No. 754

Primary Registration District No. 200

Registrar's No. 2567

1. PLACE OF DEATH:

(a) County St. Louis  
(b) City or town NORMANDY  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution:  
St. Louis Care & Convalescent Hospital  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution 2 HOURS  
(Specify whether  
In this community 50 YEARS  
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State MO. (b) County St. Louis, MO.  
(c) City or town Normandy RURAL  
(If outside city or town limits, write "RURAL")  
(d) Street No. 8244 FLORESANT. R.D. C.  
(If rural, give location)  
(e) If foreign born, how long in U. S. A. ? \_\_\_\_\_ years

3. (a) PRINT FULL NAME MARTIN V. B. BALL

8. (b) If veteran, name war NONP 8. (c) Social Security No. NONC

4. Sex MALE 5. Color or race White 6. (a) Single, widowed, married, divorced SINGLE

6. (b) Name of husband or wife \_\_\_\_\_ 6. (c) Age of husband or wife if alive \_\_\_\_\_ years

7. Birth date of deceased JUNE 9 1871  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
70 4 7 hr. \_\_\_\_\_ min.

9. Birthplace SPRINGFIELD ILL. I  
(City, town, or county) (State or foreign country)

10. Usual occupation LABOR

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

MOTHER FATHER { 12. Name H. K

13. Birthplace H. K  
(City, town, or county) (State or foreign country)

14. Maiden name H. K

15. Birthplace H. K  
(City, town, or county) (State or foreign country)

16. (a) Informant J. M. Bell  
(b) Address 8244 Floresant R.D. C.

17. (a) DURIAL (b) Date thereof DEC 18 1941  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation CALVARY

18. (a) Signature of funeral director Cullen Kelly  
(b) Address 7267 Nat Bridge

19. (a) DEC 17 1941 (b) C. J. McManis  
(Date received at local health office) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec day 16  
year 1941 hour 2:00 minute P. M.

21. I hereby certify that I attended the deceased from 6-12, 1941, to 12-16, 1941;

that I last saw him alive on 12-16, 1941;  
and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral hemorrhage Duration 1 day

Due to arterio sclerosis 15 yrs

Due to Hypertension 15 yrs

Other conditions (Include pregnancy within 3 months of death) gout

Major findings: 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) (e) Means of injury \_\_\_\_\_

23. Signature J. H. Linker (M. D. or other) MD  
Address 310 Belmont Date signed 2-17-41

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

56  
00

**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.

*Myself*

Signed *Glenn C. Henderson*

Licensed Embalmer No. 4141

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.**