

Registration District No.

791

Primary Registration District No.

1003

Registrar's No.

1. PLACE OF DEATH:

(a) County St. Louis
 (b) City or town St. Louis
(If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution:
Little Sisters of Poor
(If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution 21 days
(Specify whether
 In this community years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County 20 000
 (c) City or town St. Louis
(If outside city or town limits, write "RURAL")
 (d) Street No. 3225 N. Florissant Ave.
(If rural, give location)
 (e) Citizen of foreign country? 1
(Yes or No)
 If yes, name country _____

3. (a) PRINT FULL NAME John Alexander Ball

3. (b) If veteran, name war None 3. (c) Social Security No. None

4. Sex M. 5. Color or race W. 6. (a) Single, widowed, married, divorced W.
 6. (b) Name of husband or wife Marguerite Mary Ball 6. (c) Age of husband or wife if alive years
 7. Birth date of deceased Oct. 18th., 1864
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
77 2 6 hr. min.

9. Birthplace Baldwin Mo. 6
(City, town, or county) (State or foreign country)

10. Usual occupation Railroad Man

MOTHER FATHER { 11. Industry or business _____

12. Name James Ball
 13. Birthplace Mo. 0
(City, town, or county) (State or foreign country)
 14. Maiden name Martha Kennedy
 15. Birthplace Ky. 1
(City, town, or county) (State or foreign country)

16. (a) Informant Sister Conside

(b) Address 3225 N. Florissant Ave

17. (a) Burial (b) Date thereof 2-26-1942
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Cemetery

18. (a) Signature of funeral director Arthur Lindell

(b) Address 3840 Lindell Blvd

19. (a) FEB 25 1942 (b) J. P. Braddock
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb. day 24th. year 1942 hour 10 minute 30 p. a. m.

21. I hereby certify that I attended the deceased from Feb. 10, 1942 to Feb. 24, 1942
 that I last saw him alive on Feb. 24, 1942
 and that death occurred on the date and hour stated above.

Immediate cause of death

Chronic Coriary Valvular Disease

Due to _____

Due to _____

Other conditions

Arteriosclerosis
(Include pregnancy within 3 months of death)

Major findings:

Of operations _____

Of autopsy _____

Duration

1 month

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 Anthony A. Piskorski (M.D. or other) M.D.

Address 1525 Cass Ave. Date signed 2/25/42

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

Dr. A. A. Plekarski
1525a Cass Ave.

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 W. Van Matre
Licensed Embalmer No. 2825
P. O. Address 4340 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, fact should be so stated above.