

AUG 7 1943

Registration District No. **313** Primary Registration District No. **1003** Registrar's No. **6904**

1. PLACE OF DEATH:

(a) County.....

(b) City or town..... **St. Louis, Missouri**
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:
St. Louis City Hospital
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution..... **15 Days**
(Specify whether years, months or days)

In this community..... **50yrs.**

2. USUAL RESIDENCE OF DECEASED:

(a) State..... **Missouri** (b) County..... **17**

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

(d) Street No. **221 South Broadway**
(If rural, give location)

(e) Citizen of foreign country? **No** (Yes or No)

If yes, name country..... **0**

3. (a) PRINT FULL NAME **Louis Bogy Ballard**

3. (b) If veteran, name war..... **Unknown** 3. (c) Social Security No. **Unknown**

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

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

7. Birth date of deceased **February 24, 1873**
(Month) (Day) (Year)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **July** day **25**, year **1943** hour **11:45** minute **P.** M.

21. I hereby certify that I attended the deceased from **July 9, 1943** to **July 25, 1943**; that I last saw him alive on **July 25, 1943**; and that death occurred on the date and hour stated above.

8. AGE:

Years	Months	Days	If less than one day
70	5	1	hr. min.

Immediate cause of death..... **Arteriosclerotic heart disease**

Due to.....

Due to.....

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

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

10. Usual occupation..... **Unknown**

11. Industry or business..... **Unknown**

12. Name **Jasper Ballard**

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

14. Maiden name..... **(unknown) Starke**

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

Major findings:
Of operations.....

Of autopsy..... **Not done**

16. (a) Informant **Ann F. Morrison**
(b) Address **St. Louis City Hospital**

17. (a) Date thereof **7-29-43**
(Month) (Day) (Year)

(c) Place: burial or cremation.....

18. (a) Signature of funeral director..... **W. R. [Signature]**
(b) Address..... **3520 [Address]**

19. (a) **JUL 30 1943** (b) **J. J. [Signature]**
(Date received local registrar) (Registrar's signature)

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.....

Signature..... **Frank H. [Signature]** (M. D. or other) **MD**

Address..... **1515 Lafayette Avenue** Date filed..... **7/26/43**

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

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

7069

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.....

Licensed Embalmer No.....

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, fact should be so stated above.