

**318** Registration District No. **1003** Primary Registration District No.

**FILED OCT 13 1943**

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

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:  
**Homer G. Phillips Hospital**  
(If not in hospital or institution, write street number or location)  
 (d) Length of stay: In hospital or institution..... **18 days**  
(Specify whether  
 In this community..... **16 years**  
years, months or days)

3. (a) PRINT FULL NAME..... **John Bollor**

3. (b) If veteran, name war..... No.....

3. (c) Social Security No.....

4. Sex..... **Male** 5. Color or race..... **Black**

6. (a) Single, widowed, married, divorced..... **Married**

6. (b) Name of husband or wife..... **Emma Ballar**

6. (c) Age of husband or wife if alive..... **69** years

7. Birth date of deceased..... **Oct 31 1868**  
(Month) (Day) (Year)

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

**75** **74** **10** **26** hr. min.

9. Birthplace..... **Shonis Town** **Ill**  
(City, town, or county) (State or foreign country)

10. Usual occupation..... **mil**

11. Industry or business.....

MOTHER FATHER

12. Name..... **Bill Ballar**

13. Birthplace..... **not known**  
(City, town, or county) (State or foreign country)

14. Maiden name..... **Margaret Green**

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

16. (a) Informant..... **Emma Ballar**

(b) Address..... **2801 Gambler**

17. (a) **burial** (b) Date thereof..... **10-4-43**  
(Burial, cremation, or removal) (Month) (Day) (Year)

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

18. (a) Signature of funeral director..... **J. P. Richardson**

(b) Address..... **2625 Glasgow**

19. (a) **OCT 2 1943** (b) **J. P. Bradec**  
(Date received local registration) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State..... **Missouri** (b) County..... **St. Louis**

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

(d) Street No..... **2801 Gambler**  
(If rural, give location)

(e) Citizen of foreign country?..... **0** (Yes or No)  
 If yes, name country.....

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month..... **September** day..... **27**,  
 year..... **1943** hour..... **1** minute..... **58 A.M.**

21. I hereby certify that I attended the deceased from..... **September 9**,  
 19..... **43** to..... **September 27**, 19..... **43**  
 that I last saw h..... **in** alive on..... **September 27**, 19..... **43**  
 and that death occurred on the date and hour stated above.

Immediate cause of death.....  
**Perforation of Stomach; General peritonitis. (autopsy)**

Duration..... **14 hrs.**

Due to..... **Stomach, Carcinoma** Unk.

Due to.....

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

PHYSICIAN

Major findings:  
 Of operations.....  
 Of autopsy.....

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. P. Bradec** (M. D. or other)  
 Address..... **2601 Washington** Date signed..... **9/28/43**

**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 *A. J. Richardson*.....

Licensed Embalmer No. *2829*.....

P. O. Address *2625 Glasgow*.....

**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.**