

FILED DEC 3 1943
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State File No. _____
Registrar's No. 10164

Registration District No. _____ Primary Registration District No. 1003

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:
1322 Lasalle Str.
(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)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County _____
(c) City or town St. Louis,
(If outside city or town limits, write "RURAL")
(d) Street No. 1322 Lasalle Str.
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov. day 19,
year 1943 hour 9 minute 10 P.M.

21. I hereby certify that I attended the deceased from _____
_____ 19____, to _____ 19____;
that I last saw h _____ alive on _____ 19____;
and that death occurred on the date and hour stated above.

Immediate cause of death _____
Coronary Occlusion

Due to _____
9/4 PA
Due to _____

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

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 Thomas J. Callahan
Address Deputy Coroner Date signed _____

3. (a) PRINT FULL NAME Mary Ballak

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

4. Female 5. Color or race White 6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife William Ballak 6. (c) Age of husband or wife if alive 75 years

7. Birth date of deceased Dec. 4 1868
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
74 11 15 hr. _____ min.

9. Birthplace Collinsville Ill.
(City, town, or county) (State or foreign country)

10. Usual occupation Housewife

11. Industry or business _____

MOTHER FATHER { 12. Name Wenzel Taetz
13. Birthplace Czechoslovakia
(City, town, or county) (State or foreign country)
14. Maiden name Mary ?
15. Birthplace ? ?
(City, town, or county) (State or foreign country)

16. (a) Informant William Ballak
(b) Address 1322 Lasalle Str.

17. (c) Burial (b) Date thereof 11/22/43
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Oak Grove

18. (a) Signature of funeral director Wm. E. Mynaud
(b) Address 1926 Allen Ave.

19. (a) NOV 20 1943 (b) J. F. Brudeck
(Date received local health officer) (Registrar's signature)

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

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 me

Registered Apprentice No. _____

working under my personal supervision.

Signed

D. M. Davis

Licensed Embalmer No.

3741

P. O. Address

1926 Allen Ave

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.