

S. No. 2
M-5-43
r. 5-17-39
I X36671

FILED FEB 7 1946
Registration District No. 318

Primary Registration District No. 100-947
Registrar's No. 947

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD
2261

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:
Barnes Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 49 days
In this community 49 Days
years, months or days

2. USUAL RESIDENCE OF DECEASED:
(a) State Illinois (b) County Madison
(c) City or town East Alton
(If outside city or town limits, write "RURAL")
(d) Street No. 107 Tomlinson
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country.....

3. (a) PRINT FULL NAME Vivan Ray Ballard
3. (b) If veteran, name war.....
3. (c) Social Security No. 344-05-3812

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month January day 24
year 1946 hour 11 minute 05 P.M.
21. I hereby certify that I attended the deceased from
Nov. 18, 1945, to January 24, 1946;
that I last saw him alive on January, 1946;
and that death occurred on the date and hour stated above.

4. Sex Male 5. Color or race White
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Bessie Ballard
6. (c) Age of husband or wife if alive 38 years
7. Birth date of deceased July 4 1908
(Month) (Day) (Year)

Immediate cause of death Hemorrhage
Due to Carcinoma of nasal pharynx
Due to.....
Other conditions (Include pregnancy within 3 months of death).....
Major findings:
Of operations.....
Of autopsy.....

8. AGE: Years Months Days If less than one day
37 6 20 hr. min.

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.....

9. Birthplace White Hall Illinois
(City, town, or country) (State or foreign country)
10. Usual occupation Inspection Foreman
11. Industry or business Cartridge Plant

MOTHER FATHER
12. Name Benjamin Franklin Ballard
13. Birthplace Greene County Illinois
(City, town, or county) (State or foreign country)
14. Maiden name Daisy Mae Bennett
15. Birthplace Greene County Illinois
(City, town, or county) (State or foreign country)

16. (a) Informant Bessie Ballard
(b) Address 107 Tomlinson St. East Alton,

17. (a) Burial (b) Date thereof Jan. 27, 1946
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Alton, Illinois

18. (a) Signature of funeral director Robert D. Streeper
(b) Address 2521 Edwards St. East Alton, Ill.
19. (a) JAN 29 1946 J. T. Bredek
(Date received local registrar) (Registrar's signature)

23. Signature J. T. Bredek (M. D. or other)
Address Barnes Hospital Date signed 1-24-46

2176

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..... *Robert W. Steeper*
Licensed Embalmer No..... *2474*
P. O. Address..... *Alton, Ill.*

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.