

S. No. 2
M-5-43
7. 5-17-39
I X36671

55383
DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI

18153

FILED MAY 17 1946 STANDARD CERTIFICATE OF DEATH 1003

State File No.

Registration District No. **318**

Primary Registration District No.

Registrar's No. **4232**

1. PLACE OF DEATH:

(a) County St. Louis, Mo.
 (b) City or town St. Louis
(If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution: St. Louis City Hospital
Max C. Starkloff Memorial
(If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution. _____
(Specify whether years, months or days)

3. (a) PRINT FULL NAME Hannah Ballesty
HANNAH BALLESTY

3. (b) If veteran, name war. _____ 3. (c) Social Security No. 492-12-3092

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

6. (b) Name of husband or wife Frank Ballesty 6. (c) Age of husband or wife if alive 48 years

7. Birth date of deceased June 18, 1898
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>47</u>	<u>10</u>	<u>20</u>	hr. _____ min. _____

9. Birthplace St. Louis, Mo.
(City, town, or county) (State or foreign country)

10. Usual occupation At home

11. Industry or business _____

MOTHER FATHER {
 12. Name Unknown
 13. Birthplace Unknown Unknown
(City, town, or county) (State or foreign country)
 14. Maiden name Unknown
 15. Birthplace Unknown Unknown
(City, town, or county) (State or foreign country)

16. (a) Informant Frank Ballesty
(b) Address 4057 Lee Ave

17. (a) Burial (b) Date thereof 5/11/46
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Calvary Cemetery

18. (a) Signature of funeral director Math Hermann & Son
(b) Address 2161 East Fair Ave

19. (a) MAY 10 1946 J. F. Bread
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 000
 (c) City or town St. Louis
(If outside city or town limits, write "RURAL")
 (d) Street No. 4057 Lee Ave
(If rural, give location)
 (e) Citizen of foreign country? _____ (Yes or No)
 If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 8 year 1946 hour 1:05 minute _____ P. M.

21. I hereby certify that I attended the deceased from March 15 19 46 to May 8 19 46
that I last saw her alive on May 8 19 46
and that death occurred on the date and hour stated above.

Immediate cause of death General Paralysis
 Due to _____
 Due to 30
 Other conditions (Include pregnancy within 3 months of death) _____

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 work) (Specify kind of injury)
 23. Signature R. L. Starkloff (M. D. or other) _____
 Address 1420 Grand Date signed 5/8/46

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD
17033

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 William H. Burkholz

Licensed Embalmer No. 2168

P. O. Address. St. Louis Mo

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.