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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED APR 30 1948

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 14949
Registrar's No. 1061

Registration District No. 379

Primary Registration District No. 4465

1. PLACE OF DEATH:
(a) County St. Louis
(b) City or town Rock Hill
(c) Name of hospital or institution: Rock Hill Rest Home
(d) Length of stay: In hospital or institution 2 years
In this community 2 years

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County St. Louis
(c) City or town Manchester
(d) Street No. 9803 Manchester Rd
(e) Citizen of foreign country? --- (Yes or No)

3. (a) PRINT FULL NAME Charles H. Ballman

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

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

6. (b) Name of husband or wife Anna A. Beckman 6. (c) Age of husband or wife if alive 83 years

7. Birth date of deceased July 28 1862 (Month) (Day) (Year)

8. AGE: Years 85 Months 8 Days 21 If less than one day hr. min.

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

10. Usual occupation Wholesale liquor salesman

11. Industry or business Liquor sales

12. Name Adam H. Ballman

13. Birthplace Germany

14. Maiden name Fredrika Poepperling

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

16. (a) Informant Mrs. E. Schmidt

(b) Address Ferguson, Mo.

17. (a) Burial (b) Date thereof 4/21/48 (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Memorial Park Cemetery

18. (a) Signature of funeral director White Funeral Home Ferguson, Mo.

(b) Address

19. (a) 4-20-48 (b) Carl A. Sharp (Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 18 year 1948 hour 8 minute 40 A.M.

21. I hereby certify that I attended the deceased from Feb 4 1946 to April 18 1948

that I last saw him alive on April 16 1948 and that death occurred on the date and hour stated above.

Immediate cause of death Chronic myocardiomyopathy Sudden

Due to generalized arteriosclerosis

Due to 93d

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations

Of autopsy

22. If death was due to external causes, fill in the following: (c) 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? (Specify type of place)

While at work? (e) Means of injury

23. Signature A. L. Merklin (M. D. or) Address 3507 Poloma Date signed 4-19-48

PHYSICIAN Underline the cause to which death should be charged statistically.

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 *R. M. White*.....

Licensed Embalmer No. *3943*.....

P. O. Address. *Herguson, 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.