No. 2
-1/47
-17-39

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

FILED JUN 1 1948

Registration District No. 377

MISSOURI DIVISION OF HEALTH

STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 3063

State File No. 18188

Registrar's No. 1097

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

1. PLACE OF DEATH:
(a) County St. Louis
(b) City or town Clayton
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: St. Louis Co. Hosp.
(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 Mo. (b) County St Louis 96
(c) City or town Kirkwood 4
(If outside city or town limits, write "RURAL")
(d) Street No. 317 Frieda Ave. 3
(If rural, give location)
(e) Citizen of foreign country? ..... (Yes or No) 1
If yes, name country .....

3. (a) PRINT FULL NAME GEORGE WILBUR BALLOW
3. (b) If veteran, name war World War 2
3. (c) Social Security No. .....
4. Sex Male 0
5. Color or race White
6. (a) Single, widowed, married, divorced Married 1
6. (b) Name of husband or wife Chloe
6. (c) Age of husband or wife if alive 41 years
7. Birth date of deceased Feb. (Month) 1 (Day) 1905 (Year)

8. AGE:	Years	Months	Days	If less than one day
	43	2	28	..... hr. ..... min.

9. Birthplace Memphis (City, town, or county) Mo. 0 (State or foreign country)
10. Usual occupation Linotype Operator
11. Industry or business St. Louis Post-Dispatch
FATHER
12. Name William C. Ballow
13. Birthplace ..... (City, town, or county) Iowa 1 (State or foreign country)
MOTHER
14. Maiden name Stella Gillespie
15. Birthplace ..... (City, town, or county) Iowa 1 (State or foreign country)
16. (a) Informant Mrs. Chloe Ballow
(b) Address 317 Frieda Ave.
17. (a) Cremation (Burial, cremation, or removal) (b) Date thereof 5-1-48 (Month) (Day) (Year)
(c) Place: burial or cremation Valhalla Crematory
18. (a) Signature of funeral director Kriegshauser Und. Co.
(b) Address 4228 So. Kingshighway Bl.
19. (a) 4-29-48 (Date received local registrar) (b) Cecil J. Shaw MD (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 29
year 1948 hour 12:30 minute 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 multiple fractures of head, chest, pelvis & legs, suffered when driving his automobile which ~~xxxx~~ collided with a truck, on Highway 66 near Lindbergh Blvd.

Due to 170-C

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

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

Duration

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

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify) Accident 96
(b) Date of occurrence April 29, 1948
(c) Where did injury occur? St. Louis County, Mo. (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? Public Highway (Specify type of place)
While at work? ..... (e) Means of injury Blunt impact
23. Signature Arnold J. Willmann (M. D. or other) Coroner
Address Clayton, Mo. Date signed 5/1/48

Jefferson City Printing Co. (Licensed Embalmer's Statement on Reverse Side)

JUN 1 6 1946

JAN 1 1948

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 Richard H. Stowasard

Licensed Embalmer No. 4007

P. O. Address.....

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.