

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

9775

FILED APR 15 1949

State File No. 3195

REG. DIST. NO. 318

PRIMARY REG. DIST. NO. 1003

Registrar's No. ....

11

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

BIRTH NO. _____		REG. DIST. NO. 318		PRIMARY REG. DIST. NO. 1003		Registrar's No. ....	
1. PLACE OF DEATH a. COUNTY				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis		c. LENGTH OF STAY (In this place)		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis			
d. FULL NAME OF HOSPITAL OR INSTITUTION 3688 Finney				d. STREET ADDRESS (If rural, give location) 3688 Finney Ave.			
3. NAME OF DECEASED (Type or Print) a. (First) Celeste b. (Middle) Harrison c. (Last) Ball			4. DATE OF DEATH (Month) 4 (Day) 5 (Year) 1949				
5. SEX Female	6. COLOR OR RACE Negro	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH 4-11-1876		9. AGE (In years last birthday) 72 1/2	IF UNDER 1 YEAR Months	IF UNDER 24 HRS. Days
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) Milligans Bend, La.		12. CITIZEN OF WHAT COUNTRY? USA	
13a. FATHER'S NAME Dexter Harrison		13b. MOTHER'S MAIDEN NAME Martha Dancy		14. NAME OF HUSBAND OR WIFE Alfred Ball			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No		16. SOCIAL SECURITY NO.	17. INFORMANT'S SIGNATURE OR NAME Mary L. Crittenden		ADDRESS 3688 Finney		
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)  *This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cerebral Thrombosis  ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Hypertension DUE TO (c)  II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.  83 232X					INTERVAL BETWEEN ONSET AND DEATH One wk  None	
19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION					20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)				
21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?					
22. I hereby certify that I attended the deceased from 3/26, 1949, to 4/5, 1949, that I last saw the deceased alive on 4/5, 1949, and that death occurred at _____ m., from the causes and on the date stated above.							
23a. SIGNATURE D. Wood			23b. ADDRESS 444 S. Easton		23c. DATE SIGNED 4/8/49		
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE April 9/49	24c. NAME OF CEMETERY OR CREMATORY Greenwood Cem.		24d. LOCATION (City, town, or county) St. Louis Co.		(State) MO	
DATE REC'D BY LOCAL REG. APR 9 1949		REGISTRAR'S SIGNATURE J. B. Pasata		25. FUNERAL DIRECTOR'S SIGNATURE Russell Undertaking Co		ADDRESS 2732 Pine St	

W. G. [unclear]  
4945 [unclear]

**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 \_\_\_\_\_

Student Embalmer No. 272

working under my personal supervision.

Signed William M. Brown  
Student Embalmer

Signed Charles Manning

Licensed Embalmer No. 3371

P. O. Address St. Louis

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.