

FILED AUG 10 1950

STANDARD CERTIFICATE OF DEATH

State File No. 24526
 Registrar's No. 6526

BIRTH NO. _____ REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>MISSOURI</u> b. COUNTY	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>ST. Louis</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>ST. Louis 2279</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>1306 S. 9th ST.</u>		d. STREET ADDRESS (If rural, give location) <u>2279 1306 S. 9th ST.</u>	

3. NAME OF DECEASED (Type or Print) a. (First) <u>Bessie</u> b. (Middle) c. (Last) <u>BallaK</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>July 30, 1950</u>		
5. SEX <u>Female</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>MARRIED</u>	
8. DATE OF BIRTH <u>Nov. 5, 1883</u>		9. AGE (In years last birthday) <u>66</u>		IF UNDER 1 YEAR Months Days Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u>		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) <u>Kentucky</u>	
12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>		13a. FATHER'S NAME <u>CALVIN D. Shepard</u>		13b. MOTHER'S MAIDEN NAME <u>ORABELLE NICHOLS</u>	
14. NAME OF HUSBAND OR WIFE <u>Joseph BallaK</u>		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>		16. SOCIAL SECURITY NO.	
17. INFORMANT'S SIGNATURE OR NAME <u>Joseph BallaK</u>		ADDRESS <u>1306 S. 9th ST.</u>			

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, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION				INTERVAL BETWEEN ONSET AND DEATH	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a)		ANTECEDENT CAUSES					
DUE TO (b)		<u>Coronary Sclerosis</u>					
DUE TO (c)		<u>Arteriosclerosis</u>					
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.							
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) m.		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? <u>H2O!</u>	
22. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at <u>9:20 A</u> m., from the causes and on the date stated above.					

23a. SIGNATURE (In ink or title) <u>Patricia Taylor Cor 3</u>		23b. ADDRESS <u>1300 Clark</u>		23c. DATE SIGNED <u>7.31.50.</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify)		24b. DATE <u>8-2-50</u>		24c. NAME OF CEMETERY OR CREMATORY <u>St. Matthews Cem.</u>	
24d. LOCATION (City, town, or county) (State) <u>St. Louis, Mo</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Witt Bros.</u>		ADDRESS <u>2929 S. Jefferson</u>	

DATE REC'D BY LOCAL REG. <u>JUL 31 1950</u>		REGISTRAR'S SIGNATURE <u>J. B. Sauter</u>		DATE REC'D BY LOCAL REG. <u>JUL 31 1950</u>	
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

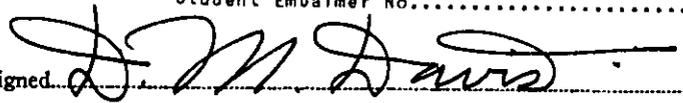
STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by _____

working under my personal supervision.

Student Embalmer No.

Signed.....



Signed.....

Student Embalmer

Licensed Embalmer No. 3741

P. O. Address 2929 So. Jefferson

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.