

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

32633

State File No. _____

Registrar's No. _____

MED OCT 14 1952

BIRTH NO. _____		REG. DIST. NO. 310		PRIMARY REG. DIST. NO. 3058		Registrar's No. 208			
1. PLACE OF DEATH a. COUNTY St Charles				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Mo. b. COUNTY ST. LOUIS					
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St Charles, Mo.		c. LENGTH OF STAY (In full place) 3 hrs		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St Louis		2079			
d. FULL NAME OF HOSPITAL OR INSTITUTION BRANCH WHITE PARK				d. STREET ADDRESS (If rural, give location) 5551 Riverview Blvd.					
3. NAME OF DECEASED (Type or Print) Harold E. Ballard		a. (First)		b. (Middle)		c. (Last)			
5. SEX 0		6. COLOR OR RACE M. W.		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married		8. DATE OF BIRTH 7/24/1914			
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Finishing Dept		10b. KIND OF BUSINESS OR INDUSTRY Lever Bros.		11. BIRTHPLACE (State or foreign country) Bunker Mo.		12. CITIZEN OF WHAT COUNTRY? USA			
13a. FATHER'S NAME Edward Ballard		13b. MOTHER'S MAIDEN NAME Jessie Hilderbrand		14. NAME OF HUSBAND OR WIFE Zelma Meyers Ballard					
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No		16. SOCIAL SECURITY NO. 488-18-3139		17. INFORMANT'S SIGNATURE OR NAME Mrs Zelma Ballard, 5551 Riverview Mo.					
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, asthenia, etc. It means the disease, injury, or complication which caused death. I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Colarary occlusion ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____ 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 4200				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" 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) (Minute)			
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 Sept 9, 1951, to Oct 6, 1952, that I last saw the deceased alive on Sept 26, 1952 and that death occurred at 2:30 P. M., from the causes and on the date stated above.					
23a. SIGNATURE J. E. Morris		23b. ADDRESS 4110 W. Florissant		23c. DATE SIGNED 10-6-52					
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 10/8/52		24c. NAME OF CEMETERY OR CREMATORY Friedens CEME.		24d. LOCATION (City, town, or county) (State) St. Louis County Mo.			
DATE REC'D BY LOCAL REG. 10-8-52		REGISTRAR'S SIGNATURE James H. Hildebrand		FURNERAL DIRECTOR'S SIGNATURE ADDRESS KRAEGER-FENWICK FUNERAL HOME					

(Licensed Embalmer's Statement on Reverse Side)

3402 N. Kingshighway.

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

Mr Harvey E. Morris
4110 W. Florissant.
9 To 1 4 To 7.

OCT 17 1952

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.
working under my personal supervision.

Student
Student Embalmer

Signed Thomas R. Fenwick

Licensed Embalmer No. 3793

P. O. Address 3402 N. Kingshighway

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.