

STANDARD CERTIFICATE OF DEATH

State File No. 4120
 Registrar's No. 0049

FILED JAN 17 1953

BIRTH NO. _____ REG. DIST. NO. 317 PRIMARY REG. DIST. NO. 541

1. PLACE OF DEATH a. COUNTY <u>St. Louis</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>St. Louis</u>	
b. CITY (If outside corporate limits, write RURAL and give township) <u>Clayton</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>Jennings</u>	
c. LENGTH OF STAY (in this place) <u>3 Days</u>		4/48	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>St. Louis, Co Hospt.</u>		d. STREET ADDRESS (If rural, give location) <u>7030 Florence Pl.</u>	

3. NAME OF DECEASED (Type or Print)	a. (First) <u>Barbara Jean</u>	b. (Middle)	c. (Last) <u>Ballard</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>1/7/53</u>
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5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Never Married</u>	8. DATE OF BIRTH <u>Mar 9 1946</u>	9. AGE (In years last birthday) <u>6</u>	IF UNDER 1 YEAR Months <u>0</u> Days <u>0</u>	IF UNDER 1 MRS. Hours <u>0</u> Mins. <u>0</u>
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>None</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>None</u>	11. BIRTHPLACE (State or foreign country) <u>St. Louis Mo.</u>	12. CITIZEN OF WHAT COUNTRY? <u>USA</u>
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13a. FATHER'S NAME <u>George Ballard</u>	13b. MOTHER'S MAIDEN NAME <u>Margaret Airis</u>	14. NAME OF HUSBAND OR WIFE <u>None</u>
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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. <u>None</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Mrs Goldie Pryer</u>	ADDRESS <u>5760 Highland Ave</u>
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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.	1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Inflammation of windpipe and lungs, and second and third degree burns,</u>		INTERVAL BETWEEN ONSET AND DEATH
	ANTECEDENT CAUSES <u>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.</u>		
	DUE TO (b) <u>suffered when her home at 7030 Florence Pl., Jennings, caught fire</u> DUE TO (c) <u>from defective wiring. She was rescued by Jennings Fire Dept. and brought to St. Louis County Hospital</u>		

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION <u>on 1/5/53 and expired on 1/7/53</u>	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>Accident</u>	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>Home</u>	21c. (CITY, TOWN, OR TOWNSHIP) <u>Jennings</u> (COUNTY) <u>16</u> (STATE) <u>St. Louis Mo.</u>
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <u>1/5/53 6:30A</u>	21e. INJURY OCCURRED WHILE AT WORK? <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	21f. HOW DID INJURY OCCUR? <u>Home caught on fire trapping deceased on second floor.</u>
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22. I hereby certify that I attended the deceased from 19, to 19, that I last saw the deceased alive on 1/5/53, and that death occurred at 7:05 Pm., from the causes and on the date stated above.

23a. SIGNATURE <u>Ernest O. Hillmann</u> (Degree or title) <u>3 Coroner</u>	23b. ADDRESS <u>Clayton, Mo.</u>	23c. DATE SIGNED <u>1/8/53</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>1/9/53</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Laurel Hill Cem</u>	24d. LOCATION (City, town, or county) (State) <u>St. Louis Co, Mo.</u>
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DATE REC'D BY LOCAL REG. <u>1-8-53</u>	REGISTRAR'S SIGNATURE <u>Hester R. Douthett</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>Jos. W. Clark</u>	ADDRESS <u>1125 Hodiamont Ave.</u>
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(Licensed Embalmer's Statement on Reverse Side)

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 _____

Student Embalmer No. _____

working under my personal supervision.

Student
Student Embalmer

Signed

John J. Haines

Licensed Embalmer No. 4108

P. O. Address St. Louis, 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.