

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

4021
State File No.
REGISTRAR'S No. 0037

BIRTH NO.		REG. DIST. NO. 317		PRIMARY REG. DIST. NO. 541		REGISTRAR'S No. 0037	
1. PLACE OF DEATH				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).			
a. COUNTY St. Louis		b. CITY (If outside corporate limits, write RURAL and give township) Clayton		c. LENGTH OF STAY (in this place) D.O.A.		a. STATE Missouri	
b. CITY (If outside corporate limits, write RURAL and give township) Clayton		c. LENGTH OF STAY (in this place) D.O.A.		c. CITY (If outside corporate limits, write RURAL and give township) Jennings		b. COUNTY St. Louis	
d. FULL NAME OF HOSPITAL OR INSTITUTION D.O.A at St. L.Co.Hosp.				d. STREET ADDRESS (If rural, give location) 7030 Florence Pl.			
3. NAME OF DECEASED (Type or Print)		a. (First) GEORGE		b. (Middle) E.		c. (Last) BALLARD	
4. DATE OF DEATH (Month) (Day) (Year) Jan. 5, 1953		5. SEX Male		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	
8. DATE OF BIRTH Jan. 25, 1913		9. AGE (In years last birthday) 39		10. UNDER 1 YEAR Months Days		11. UNDER 1 YEAR Hours Min.	
10a. USUAL OCCUPATION (Give kind of work during most of working life, even if retired) Foreman		10b. KIND OF BUSINESS OR INDUSTRY McDonnell Air Craft.		11. BIRTHPLACE (State or foreign country) Decatur, Ill.		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
13a. FATHER'S NAME Eugene Ballard		13b. MOTHER'S MAIDEN NAME Goldie Decker		14. NAME OF HUSBAND OR WIFE Margaret Ballard Dec.			
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. 489-10-1729		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Goldie Pryer 5760 Highland Ave.,			
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 I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Asphyxia, secondary to carbon monoxide poisoning, suffered when he was at his home at 7030 Florence Place, Jennings, caught fire, apparently from defective wiring. DUE TO (b) his home at 7030 Florence Place, Jennings, caught fire, apparently from defective wiring. DUE TO (c) from defective wiring. II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.				INTERVAL BETWEEN ONSET AND DEATH	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION 138 E9160				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify) Accident		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) Home		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) Jennings St. Louis Mo.		21f. HOW DID INJURY OCCUR? Home caught on fire.	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) 1/5/53 6:30 A.		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>					
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 6:30 A.M. from the causes and on the date stated above.							
23. SIGNATURE Emald J. Williams		3 (Degree or title) Coroner		23b. ADDRESS Clayton, Mo.		23c. DATE SIGNED 1/8/53	
24a. BURIAL, CREMATION, REMOVAL Burial		24b. DATE Jan. 8, 1953		24c. NAME OF CEMETERY OR CREMATORY Laurel Hill Cem.,		24d. LOCATION (City, town, or county) (State) St. Louis, Co., Mo.	
DATE REC'D BY LOCAL REG. 1-6-53		REGISTRAR'S SIGNATURE Hubert R. Damb...		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Jos. W. Clark 1125 Hodiament Ave.			

(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, ~~me, or by~~ Me

Student Embalmer No. _____

working under my personal supervision.

Student
Student Embalmer

Signed

Elton H. Remeluis

Licensed Embalmer No.

4283

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.