

# THE DIVISION OF HEALTH OF MISSOURI STANDARD CERTIFICATE OF DEATH

4022

State File No. ....

FILED JAN 17 1953

BIRTH NO. ....		REG. DIST. NO. <u>317</u>		PRIMARY REG. DIST. NO. <u>541</u>		Registrar's No. <u>0036</u>	
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>D.O.A.</u>				d. STREET ADDRESS (If rural, give location) <u>7030 Florence Pl.,</u>			
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>D.O.A. at St. Ll Co. Hosp.</u>							
3. NAME OF DECEASED (Type or Print)		a. (First) <u>MARGARET</u>		b. (Middle) <u>S.</u>		c. (Last) <u>BALLARD</u>	
4. DATE OF DEATH		(Month) <u>Jan.</u>		(Day) <u>5,</u>		(Year) <u>1953</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>Mar. 9, 1913</u>	9. AGE (In years last birthday) <u>39</u>	IF UNDER 1 YEAR Months <u>0</u> Days <u>0</u>	IF UNDER 1 HRS. Hours <u>0</u> Min. <u>0</u>	
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 <u>At Home</u>		11. BIRTHPLACE (State or foreign country) <u>St. Louis, Mo.</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
13a. FATHER'S NAME <u>Thomas W. Airis</u>		13b. MOTHER'S MAIDEN NAME <u>Margaret Stephen</u>		14. NAME OF HUSBAND OR WIFE <u>George Ballard D.C.</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. <u>492-22-9101</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Thomas W. Airis 5958 Ridge Ave.,</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, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Asphyxia, secondary to carbon monoxide poisoning, suffered when</u> <u>monoxide poisoning, suffered when</u> <u>her home at 7030 Florence Place,</u> <u>Jennings, caught fire, apparently</u> <u>from defective wiring.</u> DUE TO (b) <u>her home at 7030 Florence Place,</u> <u>Jennings, caught fire, apparently</u> <u>from defective wiring.</u> DUE TO (c) <u>from defective wiring.</u> 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 <u>138 E9160</u>				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
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) (COUNTY) (STATE) <u>Jennings</u> <u>St. Louis</u> <u>Mo.</u>			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <u>1/5/53</u> <u>6:30A</u> m.		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.</u>			
22. I hereby certify that I attended the deceased from <u>19</u> , to <u>19</u> , that I last saw the deceased alive on <u>19</u> , and that death occurred at <u>6:30A.M.</u> from the causes and on the date stated above.							
23. SIGNATURE (Degree or title) <u>Ernest J. Billmann</u> <u>3</u> <u>Coroner</u>				23b. ADDRESS <u>Clayton, Mo.</u>		23c. DATE SIGNED <u>1/8/53</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>Jan. 8, 1953</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>	
DATE REC'D BY LOCAL REG. <u>1-6-53</u>		REGISTRAR'S SIGNATURE <u>H. R. D. Smith</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Jos. W. Clark 1125 Hodiamont Ave.,</u>			

(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

*Robert M. Murray*

Licensed Embalmer No. *3749*

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.