

FILED APR 6 1953

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

11058

State File No.

BIRTH MO.		REG. DIST. NO. <u>310</u>		PRIMARY REG. DIST. NO. <u>3058</u>		Registrar's No. <u>80</u>	
1. PLACE OF DEATH a. COUNTY <u>St. Charles</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) OR TOWN <u>St. Charles</u>				c. CITY OR TOWN <u>St. Ann</u>		d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>St. Josephs Hospital</u>				e. STREET ADDRESS (If rural, give location) <u>3737 St. Gregory Lane</u> <u>4071</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>Hudson</u>		b. (Middle) <u>P.</u>		c. (Last) <u>Ballard</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>3/27/53</u>	
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>		8. DATE OF BIRTH <u>Oct 26, 1896</u>		9. AGE (In years last birthday) <u>56</u> IF UNDER 1 YEAR Months <u>5</u> Days <u>1</u> IF UNDER 12 HRS. Hours <u></u> Min. <u></u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Machinist</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Emmerson Elec. Co</u>		11. BIRTHPLACE (City and State or Foreign Country) <u>Detroit Michigan</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
13a. FATHER'S NAME <u>Park Ballard</u>		13b. MOTHER'S MAIDEN NAME <u>Lillian Burgess</u>		14. NAME OF HUSBAND OR WIFE <u>Nettie Carlisle Ballard</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>Yes</u>		16. SOCIAL SECURITY NO. <u>W.W. 1 422 05 6858</u>		17. INFORMANT'S SIGNATURE OR NAME. ADDRESS <u>Nettie Ballard 3737 St. Gregory Lane</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 I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Pulmonary Edema</u> <u>St Ann</u> INTERVAL BETWEEN ONSET AND DEATH <u>1 hr</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Myocardial Infarction</u> <u>2 hrs</u> DUE TO (c) <u>Arteriosclerotic Heart Disease</u> <u>5 yrs</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 <u>4200</u>				20. AUTOPSY? YES <input checked="" 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) (Min.)		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 <u>May</u> , 19 <u>50</u> , to <u>March 27, 1953</u> , that I last saw the deceased alive on <u>March 27, 1953</u> , and that death occurred at <u>9 AM</u> , from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) <u>Paul B. Vatterott M.D.</u>		23b. ADDRESS <u>10300 St. Charles Rd. St. Louis</u>		23c. DATE SIGNED <u>3/28/53</u>			
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>3/30/53</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Memorial Park Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>St. Louis County Mo.</u>	
DATE REC'D BY LOCAL REG. <u>March 31/1953</u>		REGISTRAR'S SIGNATURE <u>Travis Hemmelt</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Collins Funeral Home</u> ADDRESS <u>10123 St. Charles</u>			

(Licensed Embalmer's Statement on Reverse Side)

St. Louis 210.

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

FEB 14 1955

APR 7 1958

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.....
Signature of Student Embalmer

Signed.....
J. W. M. Bunker

Licensed Embalmer No. 365

P. O. Address.....
Lo Lane

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.