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STANDARD CERTIFICATE OF DEATH

State File No. **26108**

FILED JUL 31 1953

BIRTH NO. _____ REG. DIST. NO. **318** PRIMARY REG. DIST. NO. **1003** Registrar's No. **6208**

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

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY St. Louis	
b. CITY (If outside corporate limits, write RURAL and give township) St. Louis		c. LENGTH OF STAY (in this place) St. Louis	
d. FULL NAME OF HOSPITAL OR INSTITUTION Homer G. Phillips Hospital		d. STREET ADDRESS (If rural, give location) 4226 A Page Blvd.	
3. NAME OF DECEASED a. (First) VIRGINIA (Type or Print)		b. (Middle) BALL c. (Last)	
4. DATE OF DEATH 6-15-53		5. SEX Female	
6. COLOR OR RACE Colored		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed	
8. DATE OF BIRTH August 23, 1895		9. AGE (In years, last birthday) 57	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housework		10b. KIND OF BUSINESS OR INDUSTRY None	
11. BIRTHPLACE (City and State or Foreign Country) Sarepta, Mississippi		12. CITIZEN OF WHAT COUNTRY? USA	
13a. FATHER'S NAME Unknown		13b. MOTHER'S MAIDEN NAME Unknown	
14. NAME OF HUSBAND OR WIFE Deceased		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. None		17. INFORMANT'S SIGNATURE OR NAME Woodrow Zimm	
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.		17. ADDRESS 143^{1/2} S. Washington St. St. Louis 8, Mo.	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Subdural Hemorrhage ANTECEDENT CAUSES with Hematoma; Fr Skull Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. injured when struck with pipe in hands of one Mamou		MEDICAL CERTIFICATION Battle Creek, Mich INTERVAL BETWEEN ONSET AND DEATH	
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death related to the disease or condition causing death. Staff in home at 4226 East		20. AUTOPSY Homicide YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
19a. DATE OF OPERATION 1953		19b. MAJOR FINDINGS OF OPERATION Homicide	
21a. ACCIDENT OR HOMICIDE (Specify) Homicide		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) Home	
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) St. Louis Mo.		21d. TIME OF INJURY June 15 53 7:00 pm	
21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? E983X	
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 _____ m., from the causes and on the date stated above.			
23a. SIGNATURE Joseph M. Quinn		23b. ADDRESS 1300 Clark	
23c. DATE SIGNED 6/19/53		23d. LOCATION (City, town, or county) (State) St. Louis County, Missouri	
24a. BURIAL, CREMATION, REMOVAL (Specify) Removal		24b. DATE 6-23-53	
24c. NAME OF CEMETERY OR CREMATORY Greenwood Cemetery		24d. LOCATION (City, town, or county) (State) St. Louis County, Missouri	
DATE REC'D. BY LOCAL REGISTRAR'S SIGNATURE J. Carl Smith, md.		25. FUNERAL DIRECTOR'S SIGNATURE Ellis Funeral Home 2820 Stoddard St.	

(Licensed Embalmer's Statement on Reverse Side)

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 Fulton E. Cullkin

Licensed Embalmer No. 4198

P. O. Address St Louis 137

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.