

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

36992

FILED OCT 23 1953

State File No. 9872

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

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		
b. CITY (If outside corporate limits, write RURAL and give township) <u>St. Louis</u>		c. LENGTH OF STAY (In this place) <u>40 days</u>	c. CITY (If outside corporate limits, write RURAL and give township) <u>St. Louis</u>		2269
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>St. Louis Childrens Hosp</u>			d. STREET ADDRESS (If rural, give location) <u>26 1408 a Monroe St.</u>		
3. NAME OF DECEASED (Type or Print) <u>Geraldine</u>			a. (First)	b. (Middle)	c. (Last) <u>Ballard</u>
4. DATE OF DEATH (Month) (Day) (Year) <u>10-15-53</u>	5. SEX <u>female</u>	6. COLOR OR RACE <u>white</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>0</u>	8. DATE OF BIRTH <u>4-25-53</u>	9. AGE (In years last birthday) <u>5</u> <u>20</u> <u>0</u> <u>0</u> <u>0</u> <u>0</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		10b. KIND OF BUSINESS OR INDUSTRY		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>Roy T. Ballard</u>	13b. MOTHER'S MAIDEN NAME <u>Billie Bennett</u>		14. NAME OF HUSBAND OR WIFE
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Robertson - 500 So Kingshighway</u>			

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)	MEDICAL CERTIFICATION			INTERVAL BETWEEN ONSET AND DEATH
This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (a) <u>congenital heart disease</u>	DUPLICATE OF (a)		
	ANTECEDENT CAUSES	DUPLICATE OF (b)		
	Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.	DUPLICATE OF (c)		
	II. OTHER SIGNIFICANT CONDITIONS	DUPLICATE OF (c)		
	Conditions contributing to the death but not related to the disease or condition causing death.			

19a. DATE OF OPERATION <u>10/14/53</u>	19b. MAJOR FINDINGS OF OPERATION <u>anomalous coronary arteries</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. HOW DID INJURY OCCUR? <u>7544</u>	
21g. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED WHILE AT WORK? <input type="checkbox"/> NOT WHILE AT WORK? <input type="checkbox"/>			

22. I hereby certify that I attended the deceased from 9-4-, 1953, to 10-15-, 1953, that I last saw the deceased alive on 10-15-, 1953, and that death occurred at 9:15 p.m., from the causes and on the date stated above.

23a. SIGNATURE <u>Dr. L. Johnston</u> (Degree or title)	23b. ADDRESS <u>Childrens Hospital</u>	23c. DATE SIGNED <u>10-15-53</u>
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>Oct. 19, 1953</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Memorial Park Cem.</u>
24d. LOCATION (City, town, or county) (State) <u>St. Louis County, Mo.</u>	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Leidner Und.Co. 2223 St. Louis Av.</u>	
DATE REC'D BY LOCAL REG. <u>OCT 16 1953</u>	REGISTRAR'S SIGNATURE <u>Carl Smith</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 _____

John P. Buchholz

Licensed Embalmer No. _____

1674

P. O. Address _____

2228 *So. Lewis*

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.