

**THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH**

FILED NOV. 19 1953

State File No. **40159**
Registrar's No. **10405**

BIRTH NO. **31429** REG. DIST. NO. **318** PRIMARY REG. DIST. NO. **1003**

1. PLACE OF DEATH a. COUNTY ST. LOUIS		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE MISSOURI b. COUNTY 2127	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN ST. LOUIS		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN ST. LOUIS	
c. LENGTH OF STAY (in this place) 13 DAYS		d. STREET ADDRESS (If rural, give location) 4722 KENSINGTON	
d. FULL NAME OF HOSPITAL OR INSTITUTION ST. LOUIS CHILDREN'S			

3. NAME OF DECEASED (Type or Print) a. (First) MARVIN b. (Middle) EMANUEL c. (Last) BALL JR			4. DATE OF DEATH (Month) (Day) (Year) 10-31-53		
5. SEX MALE		6. COLOR OR RACE WHITE		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) SINGLE	
8. DATE OF BIRTH 5-25-53		9. AGE (In years last birthday) 5		IF UNDER 1 YEAR Months Days Hours Mins.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) NONE		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and State or Foreign Country) ST. LOUIS MO	
				12. CITIZEN OF WHAT COUNTRY? U.S.A.	

13a. FATHER'S NAME MARVIN E. BALL		13b. MOTHER'S MAIDEN NAME VIOLA PHILLIPS		14. NAME OF HUSBAND OR WIFE NONE	
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 MARVIN E. BALL SR	
				ADDRESS 4722 KENSINGTON	

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		MEDICAL CERTIFICATION			INTERVAL BETWEEN ONSET AND DEATH
<p><i>*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></p>		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cytic fibrosis of the pancreas			7 wks
		ANTECEDENT CAUSES			
		<p>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.</p>			
		II. OTHER SIGNIFICANT CONDITIONS.			
		<p>Conditions contributing to the death but not related to the disease or condition causing death.</p>			

19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
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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)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		21f. HOW DID INJURY OCCUR? 7562	

22. I hereby certify that I attended the deceased from 10-18, 1953, to 10-31, 1953 that I last saw the deceased alive on 10-31, 1953 and that death occurred at 10:35pm., from the causes and on the date stated above.

23a. SIGNATURE John C. Herweg M.D.		23b. ADDRESS Childrens Hospital		23c. DATE SIGNED 11-1-53	
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24a. BURIAL, CREMATION, REMOVAL (Specify) REMOVAL		24b. DATE 11/3/53		24c. NAME OF CEMETERY OR CREMATORY LOCAL	
				24d. LOCATION (City, town, or county) (State) LUEBRING, MO.	

DATE REC'D BY LOCAL REG. NOV 2 1953		REGISTRAR'S SIGNATURE J. Carl Smith M.D.		25. FUNERAL DIRECTOR'S SIGNATURE FRANK M. WILLIAMS	
				ADDRESS 4700 WASHINGTON	

m&B (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 Elton R. Penick

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 the above constitutes grounds for revocation of license.)

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