

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

5890  
2097

State File No. ....  
Registrar's No. ....

FILED MAR 15 1954

318

1003

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. \_\_\_\_\_ PRIMARY REG. DIST. NO. \_\_\_\_\_

1. PLACE OF DEATH  
a. COUNTY \_\_\_\_\_  
2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)  
a. STATE Mo. b. COUNTY \_\_\_\_\_

b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN ST. LOUIS, MISSOURI c. LENGTH OF STAY (In this place) 2 Weeks  
c. CITY OR TOWN St. Louis d. Is Residence within limits of a city or incorporated town? Yes  No

d. FULL NAME OF HOSPITAL OR INSTITUTION ST. LOUIS CITY HOSPITAL e. STREET ADDRESS (If rural, give location) 3807 Westminster 2199

3. NAME OF DECEASED a. (First) BERNICE b. (Middle) \_\_\_\_\_ c. (Last) BALLARD 4. DATE OF DEATH (Month) (Day) (Year) MARCH 4, 1954

5. SEX F. 6. COLOR OR RACE W. 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married 8. DATE OF BIRTH July 6, 1914 9. AGE (In years last birthday) 39  UNDER 1 YEAR  UNDER 1 MONTH

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Dressmaker 10b. KIND OF BUSINESS OR INDUSTRY Corley Dress Shop 11. BIRTHPLACE (City and State or Foreign Country) Bethany, Mo. 12. CITIZEN OF WHAT COUNTRY? U.S.

13a. FATHER'S NAME Bud Harbord 13b. MOTHER'S MAIDEN NAME Unknown 14. NAME OF HUSBAND OR WIFE Woodrow Ballard

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No. (If yes, give war or dates of service) 16. SOCIAL SECURITY NO. \_\_\_\_\_ 17. INFORMANT'S SIGNATURE OR NAME Woodrow Ballard ADDRESS 3807 Westminster

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)  
MEDICAL CERTIFICATION  
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH\* (a) Acute Hemorrhagic Pancreatitis INTERVAL BETWEEN ONSET AND DEATH \_\_\_\_\_  
ANTECEDENT CAUSES DUE TO (b) Chronic Cholelithiasis  
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.  
DUE TO (c) \_\_\_\_\_  
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 \_\_\_\_\_ 20. AUTOPSY? YES  NO

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  NOT WHILE AT WORK  21f. HOW DID INJURY OCCUR? 584X

22. I hereby certify that I attended the deceased from 2-18-54, 19\_\_\_\_, to 3-4-54, 19\_\_\_\_, that I last saw the deceased alive on 3-4-54, 19\_\_\_\_, and that death occurred at 10:55Pm., from the causes and on the date stated above.

23a. SIGNATURE Leo P. ... (Degree or title) \_\_\_\_\_ 23b. ADDRESS 1515 Lafayette Avenue 23c. DATE SIGNED 3-5-54

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial 24b. DATE 3-8-54 24c. NAME OF CEMETERY OR CREMATORY Bellefontaine Cemetery 24d. LOCATION (City, town, or county) (State) St. Louis, Missouri

DATE REC'D BY LOCAL REG. MAR 6 1954 REGISTRAR'S SIGNATURE Carl Smith MD FUNERAL DIRECTOR'S SIGNATURE Arthur J. Donnelly ADDRESS 3840 Wendell

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

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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 *Francis Williamson*.....

Licensed Embalmer No. *356*.....

P. O. Address *St. Louis*.....

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.