

# THE DIVISION OF HEALTH OF MISSOURI STANDARD CERTIFICATE OF DEATH

34467

State File No. ....

FILED NOV 8 1955

BIRTH NO. ....		REG. DIST. NO. <u>306</u>		PRIMARY REG. DIST. NO. <u>6048</u>		Registrar's No. <u>98</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>Wentzville</u> <u>Curay</u>		c. LENGTH OF STAY (In this place) <u>Wentzville</u>		c. CITY OR TOWN <u>Chesterfield</u>		d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input type="checkbox"/>	
d. FULL NAME OF (If not in hospital or institution, give address or location) HOSPITAL OR INSTITUTION <u>Highway-2 mi. East of</u>				e. STREET ADDRESS (If rural, give location) <u>Rt. 1, Chesterfield</u> <u>0920</u>			
3. NAME OF DECEASED (Type or Print) <u>GEORGE</u>		a. (First)		b. (Middle)		c. (Last) <u>BALL, JR.</u>	
4. DATE OF DEATH (Month) (Day) (Year) <u>Oct. 26, 1955</u>		5. SEX <u>Male</u>		6. COLOR OR RACE <u>Negro</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	
8. DATE OF BIRTH <u>Nov. 14, 1924</u>		9. AGE (In years last birthday) <u>30</u>		10. MONTHS <u>11</u>		11. DAYS <u>12</u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Garbage Collector</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>DeWitt Fisher</u>		11. BIRTHPLACE (City and State or Foreign Country) <u>St. Louis Co., Mo.</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S. AA.</u>	
13a. FATHER'S NAME <u>George Ball</u>		13b. MOTHER'S MAIDEN NAME <u>Elsie Carter</u>		14. NAME OF HUSBAND OR WIFE <u>Alberta Ball</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>		16. SOCIAL SECURITY NO. <u>498-22-5096</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Alberta Ball, Rt.1, Chesterfield</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, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Multiple Injuries</u>  ANTECEDENT CAUSES DUE TO (b) <u>Auto accident one car and two trucks.</u> DUE TO (c) _____  II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.				INTERVAL BETWEEN ONSET AND DEATH	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>accident</u>		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>Highway #40</u>		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>Dardenne St. Charles Mo</u>			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <u>October, 26-55</u>		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		21f. HOW DID INJURY OCCUR? <u>Car ran into Truck</u>			
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 <u>Marion M. ...</u>		(Degree or title) <u>Coroner</u>		23b. ADDRESS <u>Wentzville Mo</u>		23c. DATE SIGNED <u>Nov. 3, 1955</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removal</u>		24b. DATE <u>11/1/55</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Church Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>West Gumbo, Mo.</u>	
DATE REC'D BY LOCAL REG. <u>Nov 5-55</u>		REGISTRAR'S SIGNATURE <u>Ea Keithley</u> <u>2807</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Charles J. Gates, 4107 Finney Ave.</u>			

(Licensed Embalmer's Statement on Reverse Side)

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.....  
Licensed Embalmer No. 182

P. O. Address 4107 Finney

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.