

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

FILED DEC 27 1956

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42655
State File No. 11300
Registrar's No.

BIRTH NO. _____ REG. DIST. NO. _____ PRIMARY REG. DIST. NO. _____

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 Mo. b. COUNTY	
b. CITY (If outside corporate limits, write RURAL and give town) OR TOWN St. Louis		c. LENGTH OF STAY (in this place) 9 yrs.	c. CITY OR TOWN St. Louis
d. FULL NAME OF HOSPITAL OR INSTITUTION Little Sisters of the Poor		e. STREET ADDRESS (If rural, give location) 316 1/2 3400 S. Grand	
3. NAME OF DECEASED a. (First) Hattie		b. (Middle)	c. (Last) Ball
4. DATE OF DEATH (Month) (Day) (Year) 12 8 56		5. SEX Female	6. COLOR OR RACE White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed		8. DATE OF BIRTH 12/1/1877	9. AGE (In years last birthday) 79
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife		10b. KIND OF BUSINESS OR INDUSTRY Home	11. BIRTHPLACE (City and State or Foreign Country) Illinois
12. CITIZEN OF WHAT COUNTRY? U.S.A.		13a. FATHER'S NAME Phillip Hacker	13b. MOTHER'S MAIDEN NAME Henrietta Weber
14. NAME OF HUSBAND OR WIFE Louis Ball		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no	16. SOCIAL SECURITY NO. none
17. INFORMANT'S SIGNATURE OR NAME Little Sisters of the Poor		ADDRESS 3400 S. Grand	
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, ashenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <i>Arteriosclerotic Heart Disease</i> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ 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 <i>4 yrs</i>
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)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <i>St. Louis, Mo.</i>
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?
22. I hereby certify that I attended the deceased from <i>Jan 1956</i> , to <i>12/8/56</i> , 19____, that I last saw the deceased alive on <i>12/7/56</i> , 19____, and that death occurred at <i>11:45 pm.</i> , from the causes and on the date stated above.			
23a. SIGNATURE <i>J. Meyera M.D.</i>		23b. ADDRESS (Degree or title) <i>539 N. Grand</i>	23c. DATE SIGNED <i>12/10/56</i>
24a. BURIAL, CREMATION, REMOVAL (Specify) <i>removal</i>	24b. DATE <i>12/11/56</i>	24c. NAME OF CEMETERY OR CREMATORY <i>Oak Grove Cemetery</i>	24d. LOCATION (City, town, or county) (State) <i>St. Louis County Mo.</i>
DATE REC'D BY LOCAL REG. <i>DEC 10 1956</i>	REGISTRAR'S SIGNATURE <i>Joseph Smith M.D.</i>	25. FUNERAL DIRECTOR'S SIGNATURE <i>Drehmann-Harral</i>	ADDRESS <i>1905 Union</i>

Dr. Raymond A. Mezera
539 N. Grand
Je. 3-9284
Hrs. 3 PM

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 *Warren A. Carver*.....

Licensed Embalmer No. *35*.....

P. O. Address.....

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.