

Health,
Welfare
Public
Service

300
1-56

ALL diseases in Part I must be causally related. Coroner cannot certify to a death due to natural causes.

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

FILED MAY 1 1958

58-016086
STATE FILE NUMBER

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 4176

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY	
b. CITY (If outside corporate limits, give TOWNSHIP only) St. Louis		c. CITY OR TOWN St. Louis	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION 265 Union Blv'd.		STREET ADDRESS 5388 Waterman Ave.	
3. NAME OF DECEASED (Type or print) First MIDDLE Last ELIZABETH BALLARD LEWIS		4. DATE OF DEATH April 14, 1958	
5. SEX female	6. COLOR OR RACE white	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH April 8, 1901
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) at home		10b. KIND OF BUSINESS OR INDUSTRY none	9. AGE (In years last birthday) 57
11. BIRTHPLACE (City and state or country) St. Louis Missouri		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
13. FATHER'S NAME John O. Ballard		14. MOTHER'S MAIDEN NAME Lydia H. Harding	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) none none		16. SOCIAL SECURITY NO. none	
17. INFORMANT C. Carter Lewis		St. Louis Mo. 5388 Waterman Ave.	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART-I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE <i>Hemathorax;</i> <i>Multiple Fractures;</i> DUE TO (b) <i>E902,0</i> DUE TO (c) PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE (CONDITIONS GIVEN IN PART II) <i>Suffered when descending</i> <i>jumped or fell from landing</i> <i>at 265 Union Ave. about 4:10 pm</i> <i>on April 14 1958. Whether accidental</i> <i>or suicidal could not be determined</i>			INTERVAL BETWEEN ONSET AND DEATH
20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>		20b. DESCRIBE HOW INJURY OCCURRED. (For nature of injury in Part I see Part II item 8.) <i>at 265 Union Ave. about 4:10 pm</i>	
20c. TIME OF INJURY <i>4:10 p.m.</i>		20d. PLACE OF INJURY (e.g. in or about home, room, factory, street, etc.) <i>apt. Slpg. 12</i>	
20e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		20f. CITY, TOWN OR LOCATION <i>St. Louis Mo</i>	
21. I attended the deceased from <i>4451</i> to _____ and last saw her alive on _____ Death occurred at _____ on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE <i>Patrick E. Taylor Coroner</i>		22b. ADDRESS <i>1300 Clark</i>	
22c. DATE SIGNED <i>4-16-58</i>			
23a. BURIAL, CREMATION, REMOVAL (Specify) <i>burial</i>		23b. DATE <i>4-17-58</i>	
23c. NAME OF CEMETERY OR CREMATORY <i>Bellefontaine Cemetery</i>		23d. LOCATION (City, town, or county) (State) <i>St. Louis Missouri.</i>	
24. FUNERAL DIRECTOR <i>C.R. Lupton and Sons</i>		25. DATE RECD. BY LOCAL REG. <i>APR 16 '58</i>	
ADDRESS <i>7233 Delmar</i>		26. REGISTRAR'S SIGNATURE <i>Carl Smith Mo</i>	

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

LEWIS

MS
MAR 27 1959

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 *Dearene H. Muir*

Licensed Embalmer No. *40*

P. O. Address *St. Louis*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (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.