

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-027791
STATE FILE NUMBER

FILED JUL 24 1958 Registration District No. 317 Primary Registration District No. 500 Registrar's No. 1869

1. PLACE OF DEATH a. COUNTY St. Louis		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) OR TOWN Normandy		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN St. Louis
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION 43 Normandy Osteopathic Hospital		Length of stay in 1b 6 weeks 2/9	d. STREET ADDRESS (If outside, give location) 5920 Lucille Avenue
3. NAME OF DECEASED Hospital (Type or print)		Middle J Last Ball	4. DATE OF DEATH Month July Day 12 Year 1958
5. SEX female	6. COLOR OR RACE white	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> 2 DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH Sept. 16, 1888
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Homemaker		10b. KIND OF BUSINESS OR INDUSTRY At Home	9. AGE (In years last birthday) 69
11. BIRTHPLACE (City and state or country) Braidwood, Illinois		12. CITIZEN OF WHAT COUNTRY? USA	
13a. FATHER'S NAME Joseph Klepac		13b. MOTHER'S MAIDEN NAME Anna Ruzek	14. NAME OF HUSBAND OR WIFE Charles Ball (Deceased)
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, NO or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO. UNK.	17. INFORMANT Mrs. El. Alsmeyer, 6043 Thekla Avenue
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) ACUTE MYOCARDITIS DUE TO (b) HEMORRHAGIC INFARCTION DUE TO (c) PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)			INTERVAL BETWEEN ONSET AND DEATH 2 DAYS 2 YEARS
20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.) 2892	
20c. TIME OF INJURY Hour Month, Day, Year a.m. p.m.		20d. INJURY OCCURRED WHILE AT <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	
20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		20f. CITY, TOWN, OR LOCATION COUNTY STATE	
21. I attended the deceased from 5:00-38 to 7-12-58 and last saw her alive on 7-12-58 Death occurred at 6:50 PM m on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE E. E. Farley D.D.2 (Degree or title)		22b. ADDRESS 6608 Sullivan St. St. Louis Mo	22c. DATE SIGNED 7-14-58
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE July 15 1958	23c. NAME OF CEMETERY OR CREMATORY Lake Charles Cemetery	23d. LOCATION (City, town, or county) (State) St. Louis County, Missouri
24. FUNERAL DIRECTOR ADDRESS Math Hermann & Son, Inc., 2161 E. Fair		25. DATE RECD. BY LOCAL REG. 7-14-58	26. REGISTRAR'S SIGNATURE Herbert R. Pompe M.D.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE
MEDICAL CERTIFICATION

All diseases in Part I must be causally related.

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 *Clement M. Mary*

Licensed Embalmer No. *3732*

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.