

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

59-004268

STATE FILE NUMBER

LED FEB 9 1959

Registration District No. 362

Primary Registration District No. 0237

Registrar's No. 6

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300

1-57 3

1. PLACE OF DEATH a. COUNTY <b>Warren</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <b>Mo.</b>		b. COUNTY <b>Mo.</b>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <b>Hickory-Grove Twp</b>		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		c. CITY OR TOWN <b>St. Louis</b>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>Doa. Memorial Hos.</b>		Length of stay in 1b		d. STREET ADDRESS <b>3330 A, Aubert</b>	
				Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	

3. NAME OF DECEASED (Type or print) First Middle Last <b>Luchion Ball</b>			4. DATE OF DEATH Month Day Year <b>Jan, 31, 1959</b>		
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5. SEX <b>Male</b>	6. COLOR OR RACE <b>Co. b.</b>	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <b>May 15, 1906</b>	9. AGE (In years last birthday) <b>52</b>	10. UNDER 1 YEAR Months <b>8</b> Days <b>16</b>	11. UNDER 24 HRS. Hours <b></b> Min. <b></b>
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Foundry Worker</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>Steel Worker</b>		11. BIRTHPLACE (City and state or country) <b>Aliceville, Ala.</b>		12. CITIZEN OF WHAT COUNTRY? <b>USA.</b>	
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13a. FATHER'S NAME <b>Frank Ball</b>		13b. MOTHER'S MAIDEN NAME <b>Lulu Long</b>		14. NAME OF HUSBAND OR WIFE <b>Berniece Ball</b>			
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15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>No.</b>		16. SOCIAL SECURITY NO. <b>491-12-7085</b>		17. INFORMANT <b>Mrs Berniece Ball, 3330A Aubert St. Louis, Mo</b>			
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18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <b>Broken neck</b>						INTERVAL BETWEEN ONSET AND DEATH	
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) <b>Overturning of automobile</b>						INSTANT	
DUE TO (c) <b>Accidentally (product of jury)</b>							
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)						19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	

20a. ACCIDENT <input checked="" 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.) <b>Overturning of Car</b>				
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20c. TIME OF INJURY Hour Month, Day, Year <b>Jan 31 - 7:10 - 1959</b>			20d. PLACE OF INJURY (e.g., in or about home, farm,actory, street, office bldg., etc.) <b>Highway 200 to Bright City Warren Mo.</b>		20f. CITY, TOWN, OR LOCATION <b>109</b>		STATE <b>Mo.</b>	
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20e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		21. Attended the deceased from _____ to _____ and last saw her/him alive on _____ Death occurred at <b>7:10 P.M.</b> on the date stated above; and to the best of my knowledge, from the causes stated.	
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22a. SIGNATURE <b>F. H. Wrigley D.C.</b>			22b. ADDRESS <b>Warrenton Mo</b>			22c. DATE SIGNED <b>Feb 2 1959</b>		
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23a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>		23b. DATE <b>2/6. 1959</b>		23c. NAME OF CEMETERY OR CREMATORY <b>Washington Park Cemetery</b>		23d. LOCATION (City, town, or country) (State) <b>St. Louis Co. Mo.</b>			
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24. FUNERAL DIRECTOR <b>Wright Funeral Home 3100 Easton</b>			25. DATE RECD. BY LOCAL REG. <b>Feb 6, 1959</b>		26. REGISTRAR'S SIGNATURE <b>Floyd Logan</b>			
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USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

All diseases in Part I must be causally related.

FEB 18 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 *Arthur L. Hilliard*

Licensed Embalmer No. *4227*

P. O. Address *3100 Easton*

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.