

**MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH**

Do not use this space.

34937

1. PLACE OF DEATH

County.....

Registration District No. 791

File No.

Township.....

Primary Registration District No. 713

Registered No. 9118

City St. Louis

St. John's Hospital (Ward).....

2. FULL NAME

Philip DeCresby Ball

(a) Residence, No. 1301 W. Florissant Rd. St. 12 Ward, St. Louis Co. Mo.
(Usual place of abode) (If nonresident, give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Harriet R. Ball

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Oct. 22, 1864

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
69 — —

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Engineer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Executive

10. Date deceased last worked at this occupation (month and year)..... 11. Total time (years) spent in this occupation 12

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Keokuk Iowa

13. NAME Chas. J. Ball

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown

15. MAIDEN NAME Caroline Paulson

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown

17. INFORMANT (ADDRESS) E. M. Gentry 200 Security Bldg.

18. BURIAL, CREMATION, OR REMOVAL PLACE Bellefontaine DATE Oct 24 1933

19. UNDERTAKER (ADDRESS) Wagoner Undert. Co. 2621 Olive St.

20. FILED 1 23 1933 J. F. Bredeck Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Oct. 22, 1933

22. I HEREBY CERTIFY, That I attended deceased from Sept 20, 1933, to Oct 22, 1933

I last saw him alive on Oct 22, 1933 Death is said to have occurred on the date stated above, at 6:25 a.m.

The principal cause of death and related causes of importance were as follows:

Septicemia Staphylococci following colon vesicles
irritation of intestinal tract

Other contributory causes of importance:
myocarditis Chronic nephritis chr.

Name of operation..... Date of.....
What test confirmed diagnosis? Lab. Was there an autopsy? No

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide?..... Date of injury....., 19.....

Where did injury occur?..... (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.

Manner of injury.....
Nature of injury.....

24. Was disease or injury in any way related to occupation of deceased? No
If so, specify.....

(Signed) Robert Thylant, M. D.
(Address) 3901 Park Ave

WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

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