

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

Do not use this space.

12195

1. PLACE OF DEATH

County St. Louis
Township Laclede
City St. Louis (No. 159 E. Etta)

Registration District No. 1123
Primary Registration District No. 6248 E

File No.
Registered No. 128
St. Ward)

2. FULL NAME

(a) Residence. No. 159 E. Etta St., Ward.
(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 Female 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 Benedict Geiss

6. DATE OF BIRTH (MONTH, DAY AND YEAR) January 19, 1889

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
40 2 12

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work At Home
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) Germany
(STATE OR COUNTRY)

10. NAME OF FATHER Joseph Billman

11. BIRTHPLACE OF FATHER (CITY OR TOWN) Germany
(STATE OR COUNTRY)

12. MAIDEN NAME OF MOTHER Sophia Marty

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Germany
(STATE OR COUNTRY)

14. INFORMANT Benedict Geiss
(Address) 159 E. Etta Ave

15. FILED 3/31, 19 19 St. Louis County REGISTRAR L. C. Brock

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) March 31 19 29

17. I HEREBY CERTIFY, That I attended deceased from 3-27-1929, to 3-31-1929 that I last saw her alive on 3-31-1929, and that death occurred, on the date stated above, at 3 P. M.

THE CAUSE OF DEATH WAS AS FOLLOWS:

Lobar Pneumonia
108

CONTRIBUTORY (SECONDARY) 101A
(duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH.....

DID AN OPERATION PRECEDE DEATH? N.D., DATE OF

WAS THERE AN AUTOPSY? N.D.

WHAT TEST CONFIRMED DIAGNOSIS

(Signed) D. S. Prnett, M. D.

4-1-, 1929. (Address) 6006 Virginia

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) Whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL St. Peter & Paul Church DATE OF BURIAL 4/3 19 29

20. UNDERTAKER Ch. Hoffmeister & Co ADDRESS 7814 Broadway

WRITE FAINLY, 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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1929
235
10
10
10

9. 11. 1900