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

Do not use this space.

10913

1. PLACE OF DEATH

County ..... Registration District No. 701

Township ..... Primary Registration District No. 1003

City ST. LOUIS MO. (No. 5408 NOTTINGHAM AVE. St. ..... Ward)

File No. .....

Registered No. 2940

2. FULL NAME VIOLA MARGARET BILL.

(a) Residence. No. 5408 NOTTINGHAM AVE. St., 14 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	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED OR DIVORCED (*write* the word)
FEMALE.	WHITE.	MARRIED.

5A. IF MARRIED, ~~WIDOWED, OR DIVORCED~~ HUSBAND OF (OR) WIFE OF ALBERT PAUL BILL JR.

6. DATE OF BIRTH (MONTH, DAY AND YEAR) JANUARY 22/1895.

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, ... hrs. or ..... min.
	35	1	29	

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work HOUSEWIFE.

(b) General nature of industry, business, or establishment in which employed (or employer) .....

(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) ST. LOUIS.
(STATE OR COUNTRY) MISSOURI.

PARENTS

10. NAME OF FATHER HERBERT D. TRENT.

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

12. MAIDEN NAME OF MOTHER TILLIE RIES.

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

14. INFORMANT Albert P. Bill Jr.
(Address) 5408 Nottingham Ave

15. FILED ..... 19.. Max C. Starkey REGISTRAR

5

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) 3/21/1930. 19

17. I HEREBY CERTIFY, That I attended deceased from Aug 1, 1929, to Jan 21, 1930 that I last saw Mrs. alive on Jan 20, 1930 and that death occurred, on the date stated above, at ONE. 35 P. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

131 Paralysis Cerebral Haemorrhage
92A
93C (duration) — yrs. — mos. 4 ds.

CONTRIBUTORY (SECONDARY) Myocarditis - Endocarditis & Nephritis Lib. (duration) 1 yrs. — mos. — ds.

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH .....

DID AN OPERATION PRECEDE DEATH? No DATE OF .....

WAS THERE AN AUTOPSY? No

WHAT TEST CONFIRMED DIAGNOSIS? Clinical & Lab.

(Signed) J. P. Peeler, M.D.

3/22, 1930 (Address) 2506 No 15th.

*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 NEW ST. MARCUS, CEMETERY.

DATE OF BURIAL 3/24/30 19

20. UNDERTAKER Provost Und'k. Co

ADDRESS 3710 N. Grand

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.

WHITE PEARLEY, WITH UNFADING INK—THIS IS A PERMANENT RECORD