

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

Do not use this space.

1. PLACE OF DEATH

County..... Registration District No. **701**
 Township..... Primary Registration District No. **1000**
 City **St. Louis, Mo.** (No. **1606 S. 3rd Street**) St. Ward)

File No. **17499**
 Registered No. **4407**

2. FULL NAME Sophia Billman
 (a) Residence, No. 1606 S. 3rd Street St., 23 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 Joseph Billman		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) January 4th, 1853		
7. AGE YEARS 79	MONTHS 3	DAYS 29
If LESS than 1 day, hrs. or min.		

OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
	10. Date deceased last worked at this occupation (month and year)..... 11. Total time (years) spent in this occupation.....

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **Germany**

13. NAME (Unknown) **Mertz**

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **Germany**

15. MAIDEN NAME **Unknown**

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **Germany**

17. INFORMANT (ADDRESS) **Joseph Billman 1606 S. 3rd Street**

18. BURIAL, CREMATION, OR REMOVAL PLACE **St. Marcus** DATE **May 6th, 1932**

19. UNDERTAKER (ADDRESS) **2201 S. Grand Boulevard**

20. FILED **MAY -5 1932** Registrar

2 MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) **May 3rd, 1932**
 22. I HEREBY CERTIFY, That I attended deceased from **Jan. 22, 1932 to May 3, 1932**
 I last saw her alive on **May 3, 1932** Death is said to have occurred on the date stated above, at **4 P.M.**
 The principal cause of death and related causes of importance were as follows:

Date of onset
Biliary Calculi
126
77
126
arterio sclerosis
SI/1931

Name of operation..... Date of.....
 What test confirmed diagnosis?..... Was there an autopsy?.....

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?.....
 If so, specify.....
 (Signed) **Edward Wenger** M. D.
 (Address) **200 2d. B. Linby**

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.

RECORD

WP

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