

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

Do not use this space.

11642

**1. PLACE OF DEATH**

County.....

Registration District No. 791

Township St. Louis Mo.

Primary Registration District No. 10005

City St. Louis Mo. (No. 2046, Ann Ave.)

File No. ....

Registered No. 2719

St. .... Ward)

**2. FULL NAME** Elizabeth Billeth

(a) Residence, No. 2046 Ann Ave. 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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) July 31 - 1869

7. AGE YEARS 63 MONTHS 7 DAYS 22 If LESS than 1 day, ..... hrs. or ..... min.

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

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) St. Louis Mo.

FATHER 13. NAME Chas. Rippin

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) St. Louis Mo.

MOTHER 15. MAIDEN NAME Sophia Stoll

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) St. Louis Mo.

17. INFORMANT (ADDRESS) William Billeth 2046 Ann Ave.

18. BURIAL, CREMATION, OR REMOVAL PLACE St. Pauls Churchyard DATE March 23 - 1933

19. UNDERTAKER (ADDRESS) Ziegenhain Bros. 12623 Spenker St.

20. FILED MAR 21 1933 Registrar

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) March 21 - 1933

I HEREBY CERTIFY, That I attended deceased from December 22, 1931, to March 21, 1933

I last saw her alive on March 18, 1933. Death is said to have occurred on the date stated above, at 6:30 m.

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

Valvular Heart Disease Date of onset

and Enlargement of Heart

M.A.A.

Other contributory causes of importance: G.O.A.

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? No

If so, specify

(Signed) Ernst Mueller, M. D.

(Address) 3548 Arsenal St

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.

