042

JUL 14 1936

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. 791

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

City St. Louis Mo. (No. Mo. Pac. Hospital ..... St. ..... Ward)

File No. 24627

Registered No. 6248

2. FULL NAME STEVE Bilin.

(a) Residence, No. 2609 ~~CHOUTEAU AV.~~ Chouteau Av. 22 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: 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~~ MARY BILIN.

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) NOV 14. 1887

7. AGE: YEARS 48 | MONTHS 7 | DAYS 3 | If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION

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

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

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) ~~Sept~~ Hugo Slavia

FATHER

13. NAME STEVE Bilin Sr.

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

MOTHER

15. MAIDEN NAME UNKNOWN.

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

17. INFORMANT (ADDRESS) MARY Bilin 2609 CHOUTEAU AV.

18. BURIAL, CREMATION, OR REMOVAL PLACE CALVARY CEM. DATE JUNE 20 1936

19. UNDERTAKER (ADDRESS) E. J. Schnur. 312 ELAFAYETTE AV.

20. FILED JUN 19 1936, 19 J. F. Bredeck Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) June 17, 1936

22. I HEREBY CERTIFY, That I attended deceased from ....., 19....., to ....., 19.....

I last saw h..... alive on ....., 19..... Death is said to have occurred on the date stated above, at 10:20 P.m.

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

	Date of onset
Chr. Myocarditis	
Edema of Lungs	
Chr. Interstitial Nephritis	
Arteriosclerosis	

Other contributory causes of importance:

Heat Exhaustion / overcome while at work

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? yes.

23. If death was due to external causes (violence), fill in also the following:

Accident, suicide, or homicide? Accid. Date of injury 6/17, 1936

Where did injury occur? St. Louis Mo. (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. Industry.

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? yes

If so, specify .....

(Signed) Harold H. Schnur, M. D.

(Address) Dep. Cor.

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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