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.

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 File No. 28106

Township ..... Primary Registration District No. 1003 Registered No. 6849

City St. Louis (No. St. Anthony's Hospital, ... St. ..... Ward)

2. FULL NAME Edwin S. Billmeyer

(a) Residence, No. 5050 Winona Ave. St., 14 Ward. (If nonresident, give city or town and State)
(Usual place of abode)

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: Florence L. Billmeyer

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): Jan. 29, 1887

7. AGE: YEARS 49 | MONTHS 5 | DAYS 7 | If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Buyer
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Simmons Hardware Co.
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): Abilene Kansas

FATHER

13. NAME: Gottlieb Billmeyer
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): St. Louis Mo.

MOTHER

15. MAIDEN NAME: Estelle Schaefer
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Pennsylvania

17. INFORMANT (ADDRESS): Florence L. Billmeyer, 5050 Winona Ave.

18. BURIAL, CREMATION, OR REMOVAL
PLACE New St. Marcus DATE 7-9 1936

19. UNDERTAKER (ADDRESS): Kriegshauser Mortuaries, 4228 So. Kingshighway

20. FILED JUL 7 1936 J F Bredeck Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): 7-6, 1936

22. I HEREBY CERTIFY, That I attended deceased from July 2, 1936, to July 6, 1936
I last saw h..... alive on ....., 19..... Death is said to have occurred on the date stated above, at 3:35 P.M.
The principal cause of death and related causes of importance were as follows:

Abscess of Liver caused by Cholecystitis and gall stones

Date of onset

Other contributory causes of importance: Cholangitis

Name of operation Cholecystectomy Date of July 3

What test confirmed diagnosis? Postmortem 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) R M Henry M. D.
(Address) 2838 S Grand Bl

Mr. Henry

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