MAR 5 - 1937

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

Do not use this space.

791
1003

File No. 8876
Registered No. 2368

1. PLACE OF DEATH

County 066
Township 32
City St. Louis, Mo. (No. City Hospital No. 2, St. Ward)
Registration District No.
Primary Registration District No.

2. FULL NAME Billie Willbanks

(a) Residence, No. 2027 r Franklin St., 21 Ward. (If nonresident, give city or town and State)
(Usual place of abode)

Length of residence in city or town where death occurred 10 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)
Male	Col.	Single

5A. IF MARRIED, WIDOWED, OR DIVORCED
HUSBAND OF (OR) WIFE OF ----

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Mar. 10, 1888

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, ...hrs. or ....min.
	48	11	0	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer 23
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. common
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) Illinois

FATHER

13. NAME Pardy Willbanks 31
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown 31

MOTHER

15. MAIDEN NAME Unknown
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown

17. INFORMANT Ruby Perdeau
(ADDRESS) 2945 Lawton

18. BURIAL, CREMATION, OR REMOVAL
PLACE St Louis U DATE 2-17 19

19. UNDERTAKER W Richter
(ADDRESS) 3500 Rutger St

20. FILED FEB 27 1937 19 J. J. Bredeck
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Feb. 10, 1937

22. I HEREBY CERTIFY, That I attended deceased from 1-21- 1937, to 2-10- 1937
I last saw him alive on 2-10- 1937 Death is said to have occurred on the date stated above, at 12:20 m. a. m.
The principal cause of death and related causes of importance were as follows:

Cerebral Apoplexy — Date of onset 1-21-37

Other contributory causes of importance:

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) A. L. Lewis, M. D.
(Address) .....

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.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

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