

MISSOURI STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

32971
Do not use this space.

791
1003

1. PLACE OF DEATH

(a) County..... Registration District No.....
 (b) Township..... Primary Registration District No.....
 (c) City St. Louis (d) Street No. 1468 Stewart Pl. Registered No. 9025 St.
 (If death occurred in Hospital or Institution, write its name instead of street and number)
 (e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME Elroy S. Billings

(a) Residence, No. 1468 Stewart Pl. St. 6 (If nonresident, give city or town and State)
 (Usual place of abode, if no street address, write county or city)

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 G. Billings

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Sept. 28th, 1882

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
54 1^h 28

OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Electrical Work
 9. Industry or business in which work was done, as saw mill, bank, etc. Community L. & P. 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) Vermont

FATHER 13. NAME Fred Billings

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

MOTHER 15. MAIDEN NAME Nettie Walling

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

17. INFORMANT (ADDRESS) Mrs Mary S. Billings
1468 Stewart Pl.

18. BURIAL, CREMATION, OR REMOVAL PLACE Stowe, Vermont DATE Sept. 28, 1937

19. FUNERAL DIRECTOR (ADDRESS) Whehmann Funeral
1905 Union Blvd.

20. FILE NO. SEP 27 1937 J. Bredeck
 Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Sept. 26th, 1937

22. I HEREBY CERTIFY, That I attended deceased from Jan 1, 1937 to Sept 26, 1937
 I last saw him alive on Sept 26, 1937. Death is said to have occurred on the date stated above, at 11 P. m.

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

Myocardial Coronary Thrombosis

Date of onset 1937
Sept 26, 1937

Other contributory causes of importance: [Signature]

Name of operation none Date of no
 What test confirmed diagnosis? Was there an autopsy? No

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) M. E. Jones M. D.
 (Address) 4500 Olive St.

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.

283.00
 1937

Winter Body
2-4

STATEMENT BY LICENSED EMBALMER

I, Licensed Embalmer No.
hereby certify that the body recorded on the reverse side of this certificate was embalmed by
..... L. E.
No. or by Registered Apprentice No.
working under my personal supervision.

Signed Walter A. Carver

Licensed Embalmer No. 3534

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)