

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

Do not use this space.

1. **AGE AT DEATH** 25 1938

County St. Charles Registration District No. 757
 Township St. Charles Primary Registration District No. 3036
 City St. Charles (No. 811 1/2, 5th St.) St. _____ Ward _____

File No. 26352
 Registered No. 113

2. **FULL NAME** Theresia Billing 45 1/2
 (a) Residence, No. St. Charles Mo. Ward _____
 (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 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 Peter Billing

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) April 1st 1866

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.
72 3 27

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. At Home
 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. Charles Mo.

13. NAME Henry Holtfoester

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

15. MAIDEN NAME Don't know

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Don't know

17. INFORMANT Peter Billing
 (ADDRESS) 811 1/2 St. Charles Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE St. Peters trans. DATE July 30th 1938

19. UNDERTAKER Dr. C. D. Dillinger
 (ADDRESS) St. Charles Mo.

20. FILED 7/28 1938 Clarence G. Kessler
 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) July 27th 1938

22. I HEREBY CERTIFY, That attended deceased from Jan. 1934 to July 27th 1938

I last saw her alive on _____, 19____. Death is said to have occurred on the date stated above, at 6:15 A.M.

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

Coroio - Renal Disease Date of onset ?
Chronic Nephritis ?
Uremia 7/20/38

Other contributory causes of importance: 12/1

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) J. J. Jenkins M. D.
St. Charles Mo. (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.

