

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

19731
Do not use this space.

REC'D JUN 8 1939

1. PLACE OF DEATH

(a) County St. Louis Registration District No. 784
 (b) Township St. Louis Primary Registration District No. 20
 (c) City St. Louis (d) Street No. 2115 Switzer Ave. 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. da. (f) How long in U. S., if of foreign birth? yrs. mos. da.

2. PRINT FULL NAME Wilhelmina Biller

(a) Residence, No. 2015 Switzer Avenue St. (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 Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widower
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF John Biller
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Aug. 4, 1873
 7. AGE YEARS MONTHS DAYS If LESS than 1 day,hrs. ormin.
65 9 11

OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. At Home
 9. Industry or business in which work was done, as 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) At Home 13. NAME William Hafer
 (STATE OR COUNTRY) Germany

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

MOTHER 15. MAIDEN NAME Sophie Schwartz
 16. BIRTHPLACE (CITY OR TOWN) Germany
 (STATE OR COUNTRY)

17. INFORMANT Fred Biller
 (ADDRESS) 2015 Switzer Avenue

18. BURIAL, CREMATION, OR REMOVAL PLACE New Bethlehem DATE May 18, 1938

19. FUNERAL DIRECTOR (NAME) Math. Hermann & Son
 (ADDRESS) 2161 East Fair Avenue

20. FILED MAY 17 1939 W. J. Meyer, M. D.
 Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) May 15, 1939

22. I HEREBY CERTIFY, That I attended deceased from May 13 to May 15, 1939
 I last saw her alive on May 14, 1939 Death is said to have occurred on the date stated above, at 7:05
 The principal cause of death and related causes of importance were as follows:

Coronary Myocarditis Date of onset ?
Other contributory causes of importance:
Etiopathalamic Gistis ?

Name of operation none Date of ?
 What test confirmed diagnosis? clinical 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) W. J. Meyer, M. D.
 (Address) 6764 W. Flinn

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.

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....

....., Registered Apprentice No.

working under my personal supervision.

Signed.....

Lionel Hampton

Licensed Embalmer No. *2967*

P. O. Address *2161 E. Fair*

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.)

If this body is not embalmed, above space should be left blank.