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FILED JUL 5 1942

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

Do not use this space.

1. PLACE OF DEATH

County.....
Township.....
City St. Louis Mo.

Registration District No. 791/4
Primary Registration District No. 1003 9

File No. 19380
Registered No. 54177
St. _____ Ward) 6

2. FULL NAME

Reta Barbara Billo
(a) Residence, No. 1437 1/2 Blackstone Ward. _____

(Usual place of abode) (If nonresident, give city or town and State)
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 girl 4. COLOR OR RACE white 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) 0

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) May 18 - 1942

7. AGE YEARS MONTHS DAY If LESS than 1 day,hrs. ormin. 10

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

13. NAME Bruno Billo

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Illinois Ill.

15. MAIDEN NAME Katherine A. Pearson

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Linn Mo.

17. INFORMANT (ADDRESS) Mo. Baptist Hospital

18. BURIAL, CREMATION, OR REMOVAL PLACE CITY CEMETERY DATE JUN 25 1942

19. UNDERTAKER (ADDRESS) City Health Dept

20. FILED JUN 24 1942 J. J. Fredsch Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) May 28 1942

22. I HEREBY CERTIFY, That I attended deceased from May 18 1942 to May 28 1942

I last saw him alive on May 28 1942 Death is said to have occurred on the date stated above, at 6 pm.

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

malnutrition due to congenital esophageal atresia Date of onset

Other contributory causes of importance:

Name of operation _____ Date of _____

What test confirmed diagnosis? _____ Was there an autopsy? YES

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. Wistar White M. D.

(Address) 4500 Olive

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.

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