

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

96
0

1. PLACE OF DEATH:

(a) County St. Louis

(b) City or town Lemay (Rural)
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:
Forder Ave./Box 388 R.R. 1
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution.....
(Specify whether

In this community.....
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County St. Louis

(c) City or town Lemay (Rural)
(If outside city or town limits, write "RURAL")

(d) Street No. Forder Ave.
(If rural, give location)

(e) Citizen of foreign country?.....
(Yes or No)

If yes, name country.....

3. (a) PRINT FULL NAME Louisa Billmeyer

3. (b) If veteran, name war None

3. (c) Social Security No. None

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Aug. day 21st
year 1942 hour..... minute P.M.

4. Sex Female

5. Color or race White

6. (a) Single, widowed, married, divorced, Widowed

6. (b) Name of husband or wife Late Fred Billmeyer

6. (c) Age of husband or wife if alive..... years
4th 1862

7. Birth date of deceased.....
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from Jan 1 1942 to Aug 21 1942
that I last saw him alive on Aug 21 1941
and that death occurred on the date and hour stated above.

8. AGE: Years Months Days If less than one day

80 7 17 hr. min.

Immediate cause of death.....
Paraneoplastic myelitis
my neuritis
arteriosclerosis

Duration 2 years

Other conditions.....
(Include pregnancy within 3 months of death)

9. Birthplace St. Louis Mo.
(City, town, or county) (State or foreign country)

10. Usual occupation Housework at home

11. Industry or business.....

MOTHER FATHER

12. Name August Leach

13. Birthplace Germany 4
(City, town, or county) (State or foreign country)

14. Maiden name Unknown

15. Birthplace Germany 4
(City, town, or county) (State or foreign country)

16. (a) Informant Anna Billmeyer

(b) Address R.R. #1 Box 388 Lemay Mo.

17. (a) Burial (b) Date thereof 8-24-42
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Sunset Burial Park

18. (a) Signature of funeral director Kriegshauser Mortuar

(b) Address 4228 So. Kingshighway Blvd.

19. (a) AUG 22 1942 (b) C. L. McFarland
(Date received local registrar) (Registrar's signature)

PHYSICIAN

Major findings:
Of operations 13/6

Of autopsy.....

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify).....

(b) Date of occurrence.....

(c) Where did injury occur?.....
(City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place?.....

23. Signature A. W. Peters (M. D. or other).....
Address 4175 S Grand Date signed.....

707

Mr
700 Fenway
11-12

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 Reinhold J. Lehman

Licensed Embalmer No. 3395

P. O. Address.....

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, fact should be so stated above.