

S. No. 3
OM-573
5-17-38
I X35697

26477

DEPARTMENT OF COMMERCE
BUREAU OF VITAL STATISTICS
CENSUS

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. _____
Registrar's No. 7873

Registration District No. 318

Primary Registration District No. 1003

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

1. PLACE OF DEATH:

(a) County _____
(b) City or town St. Louis Mo.
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
1013 Lafayette Ave.
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether)
In this community Life. (Specify whether)
years, months or days

3. (a) PRINT FULL NAME JOSEPH BILLMEIER Sr.

3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Widower
6. (b) Name of husband or wife Mollie Billmeier 6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased Aug. 15, 1866
(Month) (Day) (Year)

8. AGE: Years 77 Months 0 Days 16 If less than one day _____ hr. _____ min.

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

10. Usual occupation Prassman

11. Industry or business _____

MOTHER FATHER

12. Name ? Billmeier
13. Birthplace Germany (City, town, or county) (State or foreign country)
14. Maiden name Unknown
15. Birthplace Germany (City, town, or county) (State or foreign country)

16. (a) Informant Joseph Billmeier Jr.

(b) Address 1013 Lafayette Ave.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Sept 4 1943
(Month) (Day) (Year)

(c) Place: burial or cremation New S.S. Peter & Paul

18. (a) Signature of funeral director Thornton & Son

(b) Address 2906 Grayson Ave.

19. (a) SEP 2 1943 (Date received local registrar) J. F. Brueck (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 000
(c) City or town St. Louis. (If outside city or town limits, write "RURAL")
(d) Street No. 1013 Lafayette Ave. (If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Aug day 31 year 1943 hour 2 minute 20 P.M. M.

21. I hereby certify that I attended the deceased from Feb. 1st, 1943 to Aug. 31st, 1943
that I last saw him alive on Aug. 30th, 1943
and that death occurred on the date and hour stated above.

Immediate cause of death Carcinoma of Stomach Duration 6 mo.

Due to _____
Due to H6 _____
Other conditions ArterioSclerosis 1 yr.
(Include pregnancy within 3 months of death)

Major findings: Of operations XXXX Of autopsy no
PHYSICIAN _____
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) NO
(b) Date of occurrence XXX
(c) Where did injury occur? XXX (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? XXXXX
While at work? XXX (Specify type of place) (e) Means of injury _____
23. Signature Dr. H. A. Watter M. D. XXXXX
Address 3608 South Grand Blvd. Date signed 9/1/43

DR Malters
3608
28th Street NW

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 David Van Fossan

Licensed Embalmer No. 11242

P. O. Address: 2906 Gravois

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.