

Registration District No. 318

Primary Registration District No. 1000

Registrar's No.

1. PLACE OF DEATH:

(a) County St. Louis, Mo.

(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: No 3922 Delmar
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 1 month (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 000 17/9

(c) City or town St. Louis (If outside city or town limits, write "RURAL")

(d) Street No. 3922 Delmar Blvd. (If rural, give location)

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

If yes, name country 0

3. (a) PRINT FULL NAME JASPER BILLINGS

3. (b) If veteran, name war No

3. (c) Social Security No. No

4. Sex M 5. Color of Race W 6. (a) Single, widowed, married, divorced, widowed

6. (b) Name of husband or wife 6. (c) Age of husband or wife if alive years

7. Birth date of deceased Feb. 2nd 1870 (Month) (Day) (Year)

8. AGE: Years 74 Months 2 Days 7 If less than one day hr. min.

9. Birthplace Texas (City, town, or county) (State or foreign country)

10. Usual occupation Retired

11. Industry or business

MOTHER FATHER { 12. Name Unknown

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

14. Maiden name Unknown

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

16. (a) Informant Dudley Billings (b) Address 3922 Delmar Ave.

17. (a) Cremation (b) Date thereof Apr. 10, 44. (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Missouri Crematory

18. (a) Signature of funeral director A. W. M. Sawyer (b) Address 2301 Lafayette

19. (a) APR 11 1944 (Date received local registrar) J. F. Brudeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 9th year 1944 hour 6 minute 0 a. m.

21. I hereby certify that I attended the deceased from April 1 - April 19 1944 to April 19 1944 that I last saw him alive on April 8 1944 and that death occurred on the date and hour stated above

Immediate cause of death: Aortic aneurysm, dilated, ruptured, with dissection of the descending aorta

Due to 9/2

Other conditions (Includes pregnancy within 3 months of death)

Major findings: Of operations

Of autopsy

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)

(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?

While at work? (Specify type of place) (c) Means of injury?

23. Signature Jay H Lamb (M. D. or other) Address 1406 1/2 Olive Date signed 4/10-44

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

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

L.P. Cooper

Licensed Embalmer No.

3633

P. O. Address

2317 Lafayette

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.