No. 2
-2-43
-17-39
X35697

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 16168

FILED MAY 20 1944

Registration District No. 818

Primary Registration District No. 1003

Registrar's No. 4325

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: St. Marys Infirmary
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 13 days.
(Specify whether In this community years, months or days)

2. USUAL RESIDENCE OF DECEASED: 000

(a) State Mo (b) County 17

(c) City or town St Louis 918
(If outside city or town limits, write "RURAL")

(d) Street No. 3718 Hickory
(If rural, give location)

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

If yes, name country 0

3. (a) PRINT FULL NAME Billinger, Carol Ann

3. (b) If veteran, name war

3. (c) Social Security No.

4. Sex F

5. Color or race Negro

6. (a) Single, widowed, married, divorced 0

6. (b) Name of husband or wife

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

7. Birth date of deceased December 13 1943
(Month) (Day) (Year)

8. AGE: Years | Months 4 | Days 24 | If less than one day hr. min.

9. Birthplace St. Louis, Mo. 0
(City, town, or county) (State or foreign country)

10. Usual occupation None

11. Industry or business None

FATHER
12. Name Leonard Billinger
13. Birthplace Mississippi
(City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Flora Edward
15. Birthplace Trenton, Tennessee
(City, town, or county) (State or foreign country)

16. (a) Informant Leonard Billinger
(b) Address 3716 Hickory

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 5-10-44
(Month) (Day) (Year)

(c) Place: burial or cremation Greenwood Cemetery

18. (a) Signature of funeral director English Und. Co.
(b) Address 2431 Lucas Ave.

19. (a) MAY 10 1944 (Date received local registrar) (b) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 7th year 1944 hour 1 minute P. M.

21. I hereby certify that I attended the deceased from April 24, 1944, to May 7, 1944; that I last saw her alive on May 7, 1944; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Patent ductus arteriosus	4 mo.
Due to	
Due to	
Other conditions: Lung abscess (Include pregnancy within 3 months of death) Non-tuberculous	3 wks

Major findings:
Of operations
Of autopsy Patent ductus arteriosus

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? (Specify type of place)

While at work? (e) Means of injury

23. Signature [signature] (M. D. or other) MD

Address 1536 C. Yapin St. Louis Date signed 5-8-44

(Licensed Embalmer's Statement on Reverse Side)

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 Burleson English

Licensed Embalmer No. 4208

P. O. Address 2931 Lucas, Ave

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply wit the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.