S. No. 2
OM—5-43
v. 5-17-39
I X36671

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED DEC 29 1944

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 39157

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 10802

1. PLACE OF DEATH:

(a) County

(b) City or town St. Louis
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:
Draconess Hospital
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 0 (Specify whether
In this community 20 years
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County

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

(d) Street No. 7017 S. Broadway
(If rural, give location)

(e) Citizen of foreign country? -- (Yes or No)
If yes, name country --

3. (a) PRINT FULL NAME George Bilderback

3. (b) If veteran, name war

3. (c) Social Security No. 489-03-5803

4. Sex Male 0

5. Color or race White

6. (a) Single, widowed, married, divorced Divorced 3

6. (b) Name of husband or wife Sarah Bilderback

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

7. Birth date of deceased January 24, 1892
(Month) (Day) (Year)

8. AGE: Years 52 Months 10 Days 23 If less than one day hr. min.

9. Birthplace Illinois (City, town, or county) 1 (State or foreign country)

10. Usual occupation Mill Operator

11. Industry or business Alpha Portland Cement Co.

FATHER
12. Name Daniel Bilderback
13. Birthplace Illinois (City, town, or county) 1 (State or foreign country)

MOTHER
14. Maiden name Willie Jackson
15. Birthplace Illinois (City, town, or county) 1 (State or foreign country)

16. (a) Informant Walter Bilderback
(b) Address 7017 S. Broadway

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Dec. 19, 1944 (Month) (Day) (Year)
(c) Place: burial or cremation Mt. Olive Cem.

18. (a) Signature of funeral director Fendler Und. Co.
(b) Address 7420 Michigan Avenue

19. (a) DEC 19 1944 (Date received local registrar) (b) J. F. Bredack (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 12 day 17 year 1944 hour 9 minute 30 A.M.

21. I hereby certify that I attended the deceased from 10-10-44, 19 to 12-16-44, that I last saw him alive on 12-15-44 and that death occurred on the date and hour stated above.

Immediate cause of death Cirrhosis of Liver

Due to Non alcoholic

Due to

Other conditions (Include pregnancy within 3 months of death) 124

Major findings:
Of operations

Of autopsy

Duration

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)
Address 1602 S Broadway Date signed 12/18/44

(Licensed Embalmer's Statement on Reverse Side)

Dr Eaches
6639 Virginia

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 John Ogonoski

Licensed Embalmer No. 3398

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.