V. S. No. 2
00M—5-43
Rev. 5-17-39
I X36671

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 7850

Registration District No. FILED MAR 23 1945 Primary Registration District No. 1003 Registrar's No. 2217

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: CITY HOSPITAL
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution (Specify whether years, months or days)
In this community

2. USUAL RESIDENCE OF DEACEASED:

(a) State MISSOURI (b) County 17
(c) City or town ST. LOUIS 23
(If outside city or town limits, write "RURAL")
(d) Street No. 1525 MENARD ST.
(If rural, give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME BILLIE THRESA IRVIN.

3. (b) If veteran, name war NO

3. (c) Social Security No. NO

4. Sex FEMALE

5. Color or race WHITE

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

6. (b) Name of husband or wife

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

7. Birth date of deceased APRIL (Month) 14 (Day) 1944 (Year)

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

9. Birthplace ST. LOUIS (City, town, or county) MISSOURI (State or foreign country)

10. Usual occupation INFANT

11. Industry or business

FATHER
12. Name WILLIAM IRVIN
13. Birthplace ST. LOUIS (City, town, or county) MO (State or foreign country)

MOTHER
14. Maiden name EDNA BARBEAU
15. Birthplace ST. LOUIS (City, town, or county) MISSOURI (State or foreign country)

16. (a) Informant Mr. William Irvin
(b) Address 1525 Menard St.

17. (a) BURIAL (Burial, cremation, or removal) (b) Date thereof MARCH 9-45 (Month) (Day) (Year)
(c) Place: burial or cremation OL. D. S. S. Peter + Paul's Cem

18. (a) Signature of funeral director E. J. Schnur
(b) Address 3125 Lafayette Av.

19. (a) MAR 8 1945 (Date received local registrar) J. F. Bidack (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 7 year 1945 hour 1:15 minute A. M.

21. I hereby certify that I attended the deceased from ..., 19..., to ..., 19...; that I last saw h... alive on ..., 19...; and that death occurred on the date and hour stated above.

Immediate cause of death — Duration
Broncho Pneumonia/ Primary
Due to
Due to 107
Other conditions
(Include 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? (Specify type of place)
While at work? (e) Means of injury

23. Signature E. Taylor (M. D. or other)
Address Date signed 3/8/45

(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 Jos B Vollmer

Licensed Embalmer No. 4014

P. O. Address St Louis 4 Mo

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.