

FILED JAN 21 1946

Primary Registration District No. 6076

Registrar's No. 137

1. PLACE OF DEATH:

(a) County St. Louis
(b) City or town Jefferson Barracks
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Veterans Administration Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 1 day (Specify whether
In this community 10 years
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County St. Louis
(c) City or town St. Louis
(If outside city or town limits, write "RURAL")
(d) Street No. 4873 Page Blvd.
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country.

3. (a) PRINT FULL NAME BILLINGS, Arthur J.

3. (b) If veteran, name war World II 3. (c) Social Security No. Unknown

4. Sex Male 5. Color or race White 6. (a) Single, widowed, divorced, Married
6. (b) Name of husband or wife Gladys Billings 6. (c) Age of husband or wife if alive 40 years
7. Birth date of deceased October 21 1903
(Month) (Day) (Year)

8. AGE: Years 42 Months 2 Days 21 If less than one day hr. min.

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

10. Usual occupation Welder

11. Industry or business --

MOTHER FATHER

12. Name James Billings
13. Birthplace Indiana
(City, town, or county) (State or foreign country)
14. Maiden name Unknown
15. Birthplace Unknown
(City, town, or county) (State or foreign country)

16. (a) Informant Clinical Clerk, Vet. Adm. Hosp.
(b) Address Jefferson Barracks, Mo.

17. (a) Burial (b) Date thereof 1-17-46
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Memorial Park
18. (a) Signature of funeral director Drehmann-Harral
(b) Address 1905 Union Blvd.

19. (a) 1-17-46 (b) B. S. S. S. S.
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month January day 12
year 1946 hour 9:00 minute P. M.

21. I hereby certify that I attended the deceased from January 12, 1946 to January 12, 1946
that I last saw him alive on January 12, 1946
and that death occurred on the date and hour stated above.

Immediate cause of death PNEUMONIA, LOBAR, RIGHT LOWER, TYPE UNDETERMINED.
Due to Contributory Cause.
ALCOHOLISM ACUTE WITH PSYCHOSIS.

Due to --
Other conditions --
(Include pregnancy within 3 months of death)

Major findings: Of operations No operation
Of autopsy No autopsy

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify) NO.
(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 name of place) Means of injury
23. Signature Harvey E. Sisk (M. D. or other) M. C.
Acting Clinical Director
Address Vet. Adm. Hosp. Jeff. Brks. Mo. Date signed 1/14/46

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

2075

96
0
0

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..... *Albert R. Thompson Jr*

Licensed Embalmer No..... *4237*

P. O. Address..... *St. Louis*

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.