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ev. 5-17-39
No. I X36671

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 10905

FILED MAR 27 1946

Registration District No. 318 Primary Registration District No. Registrar's No. 2535

1. PLACE OF DEATH:
(a) County St. Louis
(b) City or town (If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 2301 Hadley. 1
(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 Life.

2. USUAL RESIDENCE OF DECEASED:
(a) State Mo. (b) County 000
(c) City or town St. Louis (If outside city or town limits, write "RURAL") 17
(d) Street No. 2301 Hadley. (If rural, give location) 209
(e) Citizen of foreign country? – (Yes or No)
If yes, name country –

3. (a) PRINT FULL NAME FRANK BILLER
3. (b) If veteran, name war –
3. (c) Social Security No.
4. Sex MALE
5. Color or race WHITE
6. (a) Single, widowed, married, divorced MARRIED
6. (b) Name of husband or wife BERTHA
6. (c) Age of husband or wife if alive years
7. Birth date of deceased JULY (Month) 25 (Day) 1862 (Year)
8. AGE: Years 83 Months 7 Days 19 If less than one day hr. min.
9. Birthplace (City, town, or county) GERMANY 4 (State or foreign country)
10. Usual occupation TAILOR
11. Industry or business OWN - 2301 HADLEY
MOTHER FATHER
12. Name UNKNOWN.
13. Birthplace " (City, town, or county) 4 (State or foreign country)
14. Maiden name "
15. Birthplace " (City, town, or county) 4 (State or foreign country)
16. (a) Informant Mrs. Arthur King
(b) Address 2301 Hadley
17. (a) BURIAL (Burial, cremation, or removal) (b) Date thereof MAR 18 46 (Month) (Day) (Year)
(c) Place: burial or cremation LAUREL HILL GARDENS.
18. (d) Signature of funeral director Bredenkamp Funeral Home
(b) Address 1936 St. Louis Av.
19. (a) MAR 16 1946 (Date received local registrar) (b) J. F. Bredenk (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month MARCH. day 14 year 1946 hour 4 minute 30 P.M.
21. I hereby certify that I attended the deceased from Jan. 10, 1946 to Mar. 14, 1946; that I last saw him alive on Mar. 12, 1946 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Chronic myocarditis	2 yrs
Due to Hypertension	6 yrs
Due to	
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 C. C. Crane (M. D. or other) M.D.
Address 2584 N. 14 St. Date signed 3-15-46

(Licensed Embalmer's Statement on Reverse Side)

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 Felix J. Krupin

Licensed Embalmer No. 3497

P. O. Address 1936 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.