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Rev. 5-17-39
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. _____

FILED JUL 18 1946

1003

Registrar's No. 5960

Registration District No. _____

Primary Registration District No. _____

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:
De Paul Hospital
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution _____ (Specify whether _____)
In this community 27 Years
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County _____

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

(d) Street No. 2847 Abner Place
(If rural, give location)

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

3. (a) PRINT FULL NAME Edward W. Bilgere

3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

4. Sex M. 5. Color or race W

6. (a) Single, widowed, married, divorced / Married

6. (b) Name of husband or wife Katherine Bilgere 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased June 19, 1896
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day

50 00 15 hr. _____ min.

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

10. Usual occupation Service Manager

11. Industry or business _____

12. Name William Bilgere

13. Birthplace Ballwin, Illinois
(City, town, or county) (State or foreign country)

14. Maiden name Magdalene Hodapp

15. Birthplace Freeburg, Illinois
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Katherine Bilgere

(b) Address 2847 Abner Place

17. (a) Burial (b) Date thereof 7-8-46
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Calvary Cemetery

18. (a) Signature of funeral director Arthur J. Donnelly

(b) Address 3840 Rendell Blvd

19. (a) JUL 6 1946 (b) J. T. Grebeck
(Date received local registrar's certificate) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 4th
year 1946 hour 11 minute 05 P.M.

21. I hereby certify that I attended the deceased from June 27 1946 to 4 July 1946
that I last saw him alive on 4 July 1946
and that death occurred on the date and hour stated above.

Immediate cause of death _____

1. Chronic glomerulonephritis
2. Hypertensive Degenerative Heart Dis.

Due to 3. Anemia due to 1.

Due to _____

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

Major findings:
Of operations _____

Of autopsy _____

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? _____

While at work? _____ (Specify type of place) (e) Means of injury _____

23. Signature Ch. W. V. ... (M. D. or other) _____
Address St. Louis, Mo. Date signed 5 July 46

Duration _____

PHYSICIAN _____

Underline the cause to which death should be charged statistically.

(Licensed Embalmer's Statement on Reverse Side) C. G. Youmans

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

23898

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 Stanley Marshall

Licensed Embalmer No. 2868

P. O. Address. 3840 Rendell

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.