

No. 2
12-45
17-39
X47070

DEPARTMENT OF COMMERCE
BUREAU OF VITAL RECORDS
LED 001 71948

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **31569**
Registrar's No. **8427**

Registration District No. **318** Primary Registration District No. **100**

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:
Desloge Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution.....
In this community **4 1/2** Years (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State **Mo.** (b) County.....
(c) City or town **St. Louis**
(If outside city or town limits, write "RURAL")
(d) Street No. **4014a De Tonty St.**
(If rural, give location)
(e) Citizen of foreign country?..... (Yes or No)
If yes, name country.....

3. (a) PRINT FULL NAME **Cecelia Billups**
3. (b) If veteran, name war.....
3. (c) Social Security No.....

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month **Sept.** day **28th.**
year **1946** hour **8** minute **20** A.M.
21. I hereby certify that I attended the deceased from **7/1/46**
19..... to **9/28/46** 19.....
that I last saw **her** alive on **9/26/46** 19.....
and that death occurred on the date and hour stated above.

4. Sex **F.** 5. Color or race **W.**
6. (a) Single, widowed, married, divorced **Married**
6. (b) Name of husband or wife **Claude Billups**
6. (c) Age of husband or wife if alive..... years
7. Birth date of deceased **November 22, 1892**
(Month) (Day) (Year)

Immediate cause of death.....
Dehydration.
Fistula of small bow 3 mo.
Due to **terminal diabetes 8 yr.**
Duration **2 week**
Other conditions.....
(Include pregnancy within 3 months of death)

8. AGE: Years Months Days If less than one day
53 **10** **6** hr. min.

Other conditions.....
Major findings:.....
Of operations.....
Of autopsy.....
PHYSICIAN.....
Underline the cause to which death should be charged statistically.

9. Birthplace **Jewel, Kansas**
(City, town, or county) (State or foreign country)

10. Usual occupation **At Home**

11. Industry or business.....
12. Name **John Murphy**
13. Birthplace **Ireland**
(City, town, or county) (State or foreign country)
14. Maiden name **Mary McMullen**
15. Birthplace **Penn.**
(City, town, or county) (State or foreign country)

16. (a) Informant **Claude Billups**
(b) Address **4014a DeTonty St.**

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?.....

17. (a) **Removal** (b) Date thereof **9-29-46**
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation **Kansas City, Mo.**

While at work..... (Specify type of place)
Means of injury.....

18. (a) Signature of funeral director **Arthur Donnelly**
(b) Address **3840 Lindell Blvd**
19. (a) **Oct 15 1946** (b) **J. F. Bredet**
(Date received local registrar) (Registrar's signature)

23. Signature **Warren A. Mantos, M.D.**
Address **607 - 77 2nd** Date signed **9/28/46**

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

MOTHER FATHER

8427

10-11-1944
Wm. H. VanMatre
1-4

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 W. H. VanMatre

Licensed Embalmer No. 2825

P. O. Address 4340 Lafayette

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.