

No. 2
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

42144

State File No. _____

FILED JAN 7 1947

Registration District No. 318

Primary Registration District No. 1003

Registrar's No. 11185

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

1. PLACE OF DEATH:

(a) County _____

(b) City or town St. Louis

(c) Name of hospital or institution: _____
(If outside city or town limits, write "RURAL" and name of township)
6219 Arsenal Street
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution _____
(Specify whether)

In this community _____
years, months or days

3. (a) PRINT FULL NAME John S. Billmeyer

3. (b) If veteran, name was Spanish American 3. (c) Social Security No. 494-10-2511

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Minnie Billmeyer 6. (c) Age of husband or wife if alive, _____ years

7. Birth date of deceased: May 22, 1878
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>68</u>	<u>7</u>	<u>5</u>	hr. _____ min. _____

9. Birthplace St. Louis, Missouri
(City, town, or county) (State or foreign country)

10. Usual occupation Motion Picture Machine Operator

11. Industry or business St. Louis Amusement Company

12. Name C. Joseph Billmeyer

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

14. Maiden name Philippine Amsler

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

16. (a) Informant Mrs. Minnie Billmeyer

(b) Address 6219 Arsenal Street

17. (a) Burial (b) Date thereof Dec. 20, 1946
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation New St. Marcus Cemetery

18. (a) Signature of funeral director Wm. J. Robert L. & U. Co.

(b) Address 1905 So. Grand Blvd.

19. (a) DEC 28 1946 (b) J. F. Brunck
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County _____

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

(d) Street No. 6219 Arsenal Street
(If rural, give location)

(e) If foreign born, how long in U. S. A.? _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month December day 27
year 1946 hour 1 minute 37 P. M.

21. I hereby certify that I attended the deceased from 11/1/46 to 12/27/46
that I last saw him alive on 12/27/46
and that death occurred on the date and hour stated above.

Immediate cause of death Heart block

Due to arteriosclerosis

Due to 30 solid R lung from 3 yrs

Other conditions fibrosis following lung disease

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 L. H. Williams (M. D. or other) MD
Address 3608 S. Kingshighway Date signed 12/28/46

all
317
10

Duration
6 wks

PHYSICIAN

Underline the cause to which death should be charged statistically.

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.....

Rex Campbell

Licensed Embalmer No.....

3881

P. O. Address.....

St. Louis, 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.