

S. No. 2
-12-45
5-17-39
-1 X47070

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

28842

State File No.

7841

FILED SEP 2 1947
Registration District No. 318

Primary Registration District No. 1003

Registrar's No.

1. PLACE OF DEATH:
(a) County
(b) City or town ST. LOUIS
(c) Name of hospital or institution ST. JOHN'S HOSPITAL
(d) Length of stay: In hospital or institution
In this community

2. USUAL RESIDENCE OF DECEASED:
(a) State MISSOURI (b) County
(c) City or town ST. LOUIS
(d) Street No. 6335 CHAYTON AVE
(e) Citizen of foreign country? (Yes or No)

3. (a) PRINT FULL NAME INFANT BILLMEYER (MALE)
(b) If veteran, name war
(c) Social Security No.

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month Aug day 17
year 1947 hour 7 minute 30 P.M.

4. Sex MALE
5. Color or race WHITE
6. (a) Single, widowed, married, divorced SINGLE
7. Birth date of deceased AUGUST 16, 1947

21. I hereby certify that I attended the deceased from August 16 1947 to August 17 1947
that I last saw him alive on August 17 1947
and that death occurred on the date and hour stated above.

8. AGE: Years Months Days If less than one day
only -> 1 hr. min.

Immediate cause of death Pulmonary atelectasis
Due to
Due to
Other conditions
Major findings: Of operations
Of autopsy

9. Birthplace ST. LOUIS, Mo.
10. Usual occupation NONE

11. Industry or business
12. Name JOSEPH BILLMEYER
13. Birthplace ST. LOUIS, Mo.
14. Maiden name MARTHA OCHS
15. Birthplace MILWAUKEE, WISCONSIN

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?
(d) Did injury occur in or about home, on farm, in industrial place, in public place?

16. (a) Informant JOSEPH BILLMEYER
(b) Address 6335 CHAYTON AVE
17. (a) CREMATION (b) Date thereof AUG 18, 1947
(c) Place: burial or cremation MISSOURI CREMATORY
18. (a) Signature of funeral director Wm. Robert & Co.
(b) Address 1925 S. GRAND BLVD
19. (a) AUG 18 1947 (b) J. F. Berneck

23. Signature Josephine Berneck (M. D. or other) MD
Address 634 N. Grand Date signed 8-16-47

(Licensed Embalmer's Statement on Reverse Side)

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

MOTHER FATHER

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.....

Not embalmed

....., Registered Apprentice No.....

working under my personal supervision.

Signed.....

Licensed Embalmer No.....

P. O. Address.....

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.