S. No. 2
M—1/47
. 5-17-39

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

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

MISSOURI DIVISION OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 40372

FILED NOV 25 1947

Registration District No. 17

Primary Registration District No. 3068

Registrar's No. 2341

1. PLACE OF DEATH:
(a) County St. Louis County
(b) City or town Clayton
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution St. Louis County Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 4 days (Specify whether
In this community LIFE
years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County St. Louis Co. 96
(c) City or town Glencoe 0
(If outside city or town limits, write "RURAL")
(d) Street No. 0
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No) 1
If yes, name country

3. (a) PRINT FULL NAME Louis Bilchmann
3. (b) If veteran, name war —
3. (c) Social Security No. —
4. Sex MALE
5. Color or race WHITE 0
6. (a) Single, widowed, married, divorced SINGLE
6. (b) Name of husband or wife —
6. (c) Age of husband or wife if alive — years
7. Birth date of deceased JAN. (Month) 30 (Day) 1863 (Year)

8. AGE: Years 84 Months 9 Days 15 If less than one day hr. min.

9. Birthplace Glencoe (City, town, or county) Missouri (State or foreign country)
10. Usual occupation ~~None~~ Retired Farmer
11. Industry or business ~~None~~ Own Farm
FATHER
12. Name Fred Bilchmann 0
13. Birthplace Louisa (City, town, or county) Europe 0 (State or foreign country)
MOTHER
14. Maiden name ~~Frederica~~ Hoffmeister
15. Birthplace (City, town, or county) Europe 0 (State or foreign country)
16. (a) Informant E. L. Gander
(b) Address 4936 Loughborough
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 11/19/47 (Month) (Day) (Year)
(c) Place: burial or cremation Bethel Cem, Pond, Mo
18. (a) Signature of funeral director Schrader Funeral Home
(b) Address Ballwin, Mo.
19. (a) 11-17-47 (Date received local registrar) (b) Beula Harp MD (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov. day 15
year 1947 hour 11 minute 15 A.M.
21. I hereby certify that I attended the deceased from Nov. 11 1947 to Nov. 15 1947 that I last saw him alive on Nov. 15, 1947 and that death occurred on the date and hour stated above.

Immediate cause of death unknown (autopsy not done)

Due to

Due to arteriosclerosis, general hypertensive vascular disease

Other conditions fracture neck of left femur
(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

Duration

PHYSICIAN
Underline the cause of which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify) Accident 96
(b) Date of occurrence Nov. 11, 1947
(c) Where did injury occur? Glencoe (City or town) St. Louis Co. (County) Mo (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? At Home (Specify type of place)
While at work (e) Means of injury Fall off chair
23. Signature [signature] (M. D. ~~or other~~)
Address 601 Brentwood Blvd Date signed 11/15/47 0

Jefferson City Printing Co.

(Licensed Embalmer's Statement on Reverse Side)

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 Richard M. Bopp, Registered Apprentice No. 23, working under my personal supervision.

Signed Theo. Schrader

Licensed Embalmer No. 3066

P. O. Address Ballwin, 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.