

THE DIVISION OF HEALTH OF THE STATE OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **5876**  
**1188**  
Registrar's No. ....

**FILED FEB 16 1951**

REG. DIST. NO. **318**

PRIMARY REG. DIST. NO. **1003**

1. PLACE OF DEATH a. COUNTY <b>None</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>Missouri</b> b. COUNTY <b>None</b>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Saint Louis</b>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Saint Louis</b> <b>2119</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>Peoples Hopsital</b>		d. STREET ADDRESS (If rural, give location) <b>4107 Finney Avenue</b> <b>0</b>	
3. NAME OF DECEASED (Type or Print) a. (First) <b>Hugh</b> b. (Middle) <b>W.</b> c. (Last) <b>BILLINGS</b>			4. DATE OF DEATH (Month) (Day) (Year) <b>Feb. 4th 1951</b>
5. SEX <b>Male</b> <b>2</b>	6. COLOR OR RACE <b>Negro</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Married</b>	8. DATE OF BIRTH <b>June 6, 1894</b>
9. AGE (In years last birthday) <b>56</b>	IF UNDER 1 YEAR Days <b>7</b>	IF UNDER 1 HR. Hours <b>28</b>	IF UNDER 15 MIN. Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Pullman Attendant</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>Pullman Company</b>	
11. BIRTHPLACE (State or foreign country) <b>Macon, Georgia</b>		12. CITIZEN OF WHAT COUNTRY? <b>USA</b>	
13a. FATHER'S NAME <b>Ben Billings</b>		13b. MOTHER'S MAIDEN NAME <b>Mattie Griggs</b>	
14. NAME OF HUSBAND OR WIFE <b>Susie V. Billings</b>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>Yes WW-1</b>		16. SOCIAL SECURITY NO. <b>WW-1</b>	
17. INFORMANT'S SIGNATURE OR NAME <b>Susie V. Billings</b>		ADDRESS <b>4207 W. Page</b>	
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)  *This does not mean the mode of dying, such as heart failure, ashenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* <b>Carcinoma of Stomach</b> INTERVAL BETWEEN ONSET AND DEATH <b>2/6/51</b> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____	
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <b>Gastric cancer w/ going malignant changes</b>	
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			
21a. ACCIDENT SUICIDE HOMICIDE (Specify)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	
21c. CITY, TOWN, OR TOWNSHIP (COUNTY) (STATE)			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	
21f. HOW DID INJURY OCCUR? <b>151X</b>			
22. I hereby certify that I attended the deceased from <b>12/6, 1950</b> , to <b>Febr 4, 1951</b> , that I last saw the deceased alive on <b>Feb 4, 1951</b> , and that death occurred at <b>3:25a m.</b> , from the causes and on the date stated above.			
23a. SIGNATURE (Degree or title) <b>[Signature] M.D.</b>		23b. ADDRESS <b>822a N. Jefferson</b>	
23c. DATE SIGNED <b>2/5/51</b>			
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>		24b. DATE <b>2/9/51</b>	
24c. NAME OF CEMETERY OR CREMATORY <b>National Cemetery</b>		24d. LOCATION (City, town, or county) (State) <b>Jeff Bks, Mo.</b>	
DATE REC'D BY LOCAL REG. <b>FEB 6 1951</b>		REGISTRAR'S SIGNATURE <b>[Signature]</b>	
25. FUNERAL DIRECTOR'S SIGNATURE <b>Charles J. Gates</b>		ADDRESS <b>4107 Finney Av</b>	

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

*S*

**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 \_\_\_\_\_

Student Embalmer No. \_\_\_\_\_

working under my personal supervision.

Student .....  
Student Embalmer

Signed *John K. Cunningham*

Licensed Embalmer No. 4476

P. O. Address 4107 Finney Avenue

**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.