

FILED AUG 23 1952

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **30341**

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. **317** PRIMARY REG. DIST. NO. **590** Registrar's No. **2160**

1. PLACE OF DEATH a. COUNTY <b>ST. LOUIS</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <b>MISSOURI</b> b. COUNTY <b>ST. LOUIS</b>	
b. CITY (If outside corporate limits, write RURAL and give township) <b>LADUE</b>		c. CITY (If outside corporate limits, write RURAL and give township) <b>LADUE</b>	
c. LENGTH OF STAY (In this place) <b>4 1/2 yrs</b>		d. STREET ADDRESS (If rural, give location) <b>17 CLERMONT LANE</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>17 CLERMONT LANE</b>		e. STREET ADDRESS (If rural, give location) <b>17 CLERMONT LANE</b>	

3. NAME OF DECEASED (Type or Print) a. (First) <b>MARY</b> b. (Middle) <b>KIRK</b> c. (Last) <b>BILLINGS.</b>			4. DATE OF DEATH (Month) (Day) (Year) <b>AUG. 15, 1952</b>		
5. SEX <b>Female</b>		6. COLOR OR RACE <b>White</b>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Widowed</b>	
8. DATE OF BIRTH <b>July 24, 1872</b>		9. AGE (In years last birthday) <b>80</b>		10. MONTHS <b>8</b>	
11. BIRTHPLACE (City and State or Foreign Country) <b>St. Louis, Missouri</b>		12. CITIZEN OF WHAT COUNTRY? <b>USA</b>		13. DAYS <b>0</b>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Housewife</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>At Home</b>		11. BIRTHPLACE (City and State or Foreign Country) <b>St. Louis, Missouri</b>	
12. CITIZEN OF WHAT COUNTRY? <b>USA</b>		13a. FATHER'S NAME <b>Henry Clay Kirk</b>		13b. MOTHER'S MAIDEN NAME <b>Rose Hollingsworth</b>	
14. NAME OF HUSBAND OR WIFE <b>Roy F. Billings</b>		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>no.</b>		16. SOCIAL SECURITY NO. <b>None</b>	
17. INFORMANT'S SIGNATURE OR NAME <b>Janice B. MacDonald</b>		17. ADDRESS <b>17 Clermont Lane</b>		18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) <b>18. CAUSE OF DEATH</b>	

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) <b>18. CAUSE OF DEATH</b>		19. MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Coronary heart disease</b>		INTERVAL BETWEEN ONSET AND DEATH <b>4 yrs.</b>	
*This does not mean the mode of dying, such as heart failure, ashenia, etc. It means the disease, injury, or complication which caused death.		II. ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <b>Hypertension</b>		INTERVAL BETWEEN ONSET AND DEATH <b>19 yrs</b>	
DUE TO (c) <b>4201</b>		II. OTHER SIGNIFICANT CONDITIONS. Conditions contributing to the death but not related to the disease or condition causing death. <b>Az</b>		INTERVAL BETWEEN ONSET AND DEATH	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION		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 checked="" type="checkbox"/>		21. HOW DID INJURY OCCUR?	

22. I hereby certify that I attended the deceased from April, 1949, to Aug., 1952, that I last saw the deceased alive on Aug. 14, 1952, and that death occurred at 3 A.M., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <b>Grace E. Beiguer, M.D.</b>		23b. ADDRESS <b>1147 N. Taylor Ave.</b>		23c. DATE SIGNED <b>8-15-52</b>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Removal</b>		24b. DATE <b>8/17/52</b>		24c. NAME OF CEMETERY OR CREMATORY <b>Lebanon, Missouri</b>	
24d. LOCATION (City, town, or county) (State) <b>Lebanon, Missouri</b>		25. FUNERAL DIRECTOR'S SIGNATURE <b>C.R. Lupton &amp; Sons</b>		25. ADDRESS <b>7233 Delmar Blvd;</b>	

DATE REC'D BY LOCAL REG. **8-16-52** REGISTRAR'S SIGNATURE **Nesbert R. Donke, MD** 25. FUNERAL DIRECTOR'S SIGNATURE **C.R. Lupton & Sons** ADDRESS **7233 Delmar Blvd;**

(Licensed Embalmer's Statement on Reverse Side)

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

4001  
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**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 Melvin L. Kemper

Licensed Embalmer No. 4052

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.