

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

40198

State File No.
Registrar's No. 10923

FILED NOV 27 1953

BIRTH NO. _____ REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Mo. b. COUNTY 2177	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis		c. CITY OR TOWN St. Louis	d. In Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. LENGTH OF STAY (In this place) 10-days		e. STREET ADDRESS (If rural, give location) 19 4496 Maryland Ave.	
d. FULL NAME OF HOSPITAL OR INSTITUTION: St. Luke's Hospital			

3. NAME OF DECEASED (Type or Print) a. (First) Jennie b. (Middle) M. c. (Last) Billings			4. DATE OF DEATH (Month) (Day) (Year) Nov. 16, 1953			
5. SEX F. /	6. COLOR OR RACE W.	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) S. /	8. DATE OF BIRTH March 17, 1870	9. AGE (In years last birthday) 83	10. IF UNDER 1 YEAR Months 7 Days 29	11. IF UNDER 24 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired-School Teacher		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and State or Foreign Country) St. Louis, Mo. 0		12. CITIZEN OF WHAT COUNTRY? U.S.

13a. FATHER'S NAME James Billings	13b. MOTHER'S MAIDEN NAME Adeline Kienlen	14. NAME OF HUSBAND OR WIFE
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) no	16. SOCIAL SECURITY NO. not known	17. INFORMANT'S SIGNATURE OR NAME Mr. Cornelius Billings, 5510 Waterman Ave.	ADDRESS
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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, asthma, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Myocardial failure		6 weeks
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Hypertensive cardiovascular 10 years DUE TO (c) Arteriosclerosis 10 years		
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 None	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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21a. ACCIDENT SUICIDE HOMICIDE (Specify) No	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR? 443X
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22. I hereby certify that I attended the deceased from Nov. 13, 1953 to Nov. 16, 1953, that I last saw the deceased alive on Nov. 16, 1953 and that death occurred at 2:15 P.M. from the causes and on the date stated above.

23a. SIGNATURE <i>J. H. O'Connell</i>	(Degree or title) M.D.	23b. ADDRESS 864 Hamilton Blvd St. Louis - 12 - Mo	23c. DATE SIGNED 11-17-53
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE Nov. 18, 1953	24c. NAME OF CEMETERY OR CREMATORY Calvary Cemetery	24d. LOCATION (City, town, or county) (State) St. Louis, Mo.
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DATE RECD BY LOCAL REG. NOV 17 1953	REGISTRAR'S SIGNATURE <i>H. Carl Smith</i>	FUNERAL DIRECTOR'S SIGNATURE <i>J. H. O'Connell</i>	ADDRESS 810 Lindell Blvd.
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

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 ~~me~~....., Student Embalmer No.....
working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed .....
Licensed Embalmer No. 469

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.