

STANDARD CERTIFICATE OF DEATH

BIRTH NO. _____ REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003 Registrar's No. 9370

1. PLACE OF DEATH
a. COUNTY _____
b. CITY (If outside corporate limits, write RURAL and give township) St. Louis
c. LENGTH OF STAY (in this place) 6 days
d. FULL NAME OF HOSPITAL OR INSTITUTION Barnhart Ward

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
a. STATE Mo.
b. COUNTY _____
c. CITY OR TOWN St. Louis
d. Is Residence within limits of a city or incorporated town? Yes No
e. STREET ADDRESS (If rural, give location) 5951 McPherson 2nd

3. NAME OF DECEASED
a. (First) Charles b. (Middle) Billings c. (Last) _____
(Type or Print)

4. DATE OF DEATH (Month) (Day) (Year)
Oct. 13 '54

5. SEX M
0

6. COLOR OR RACE W

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) M

8. DATE OF BIRTH 6/20/1895

9. AGE (in years last birthday) 59

IF UNDER 1 YEAR Months 3

IF UNDER 24 HRS. Hours 23

IF UNDER 60 MIN. Mins. _____

10a. USUAL OCCUPATION (Give kind of work done during part of working life, even if retired) Detective

10b. KIND OF BUSINESS OR INDUSTRY Scalper Hotel

11. BIRTHPLACE (City and State or Foreign Country) St. Louis

12. CITIZEN OF WHAT COUNTRY? U. S. A.

13a. FATHER'S NAME Charles Billings

13b. MOTHER'S MAIDEN NAME Georgia Coffey

14. NAME OF HUSBAND OR WIFE Catherine

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war & dates of service) no

16. SOCIAL SECURITY NO. 499-12-7625

17. INFORMANT'S SIGNATURE OR NAME ADDRESS
Mrs. C. Billings 5951 McPherson

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
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Hypertensive Pneumonia
ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Chronic Alcoholism
DUE TO (c) _____
II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

INTERVAL BETWEEN ONSET AND DEATH
36 h -
4 days

19a. DATE OF OPERATION _____

19b. MAJOR FINDINGS OF OPERATION _____

20. AUTOPSY? YES NO

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) _____

21e. INJURY OCCURRED WHILE AT WORK NOT WHILE AT WORK

21f. HOW DID INJURY OCCUR? 5410

22. I hereby certify that I attended the deceased from 3/23, 1952, to 10/13, 1954, that I last saw the deceased alive on 10/13, 1954, and that death occurred at 11 A m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) John W. H. ... M.D.

23b. ADDRESS 2876 ...

23c. DATE SIGNED 10/14/54

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial

24b. DATE Oct. 16, 1954

24c. NAME OF CEMETERY OR CREMATORY Calvary

24d. LOCATION (City, town, or county) (State) St. Louis, Mo.

DATE REC'D BY LOCAL REG. OCT 15 1954

REGISTRAR'S SIGNATURE J. Earl Smith, M.D.

25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Jos. A. Howard 1619 So. Grand

WRITE PLAINLY—USING UNFADEING 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, Student Embalmer No..... working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed..... *G. W. Wilkinson*

Licensed Embalmer No..... 35

P. O. Address..... *St. Louis*

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.