

FILED SEP 27 1956

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

31902

State File No.

BIRTH NO. 43361-576 REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003 Registrar's No. 7783

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>MISSOURI</u> b. COUNTY <u>ST. LOUIS</u>	
b. CITY OR TOWN <u>ST. LOUIS</u>	c. LENGTH OF STAY (in this place) <u>2 HOURS</u>	c. CITY OR TOWN <u>FERGUSON</u>	d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input type="checkbox"/>
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>ST. LOUIS CHILDREN'S HOSP.</u>		e. STREET ADDRESS (If rural, give location) <u>701 ROBERTS</u>	

3. NAME OF DECEASED (Type or Print) <u>ROBERT</u>	a. (First)	b. (Middle) <u>WILLIAM</u>	c. (Last) <u>BILZING, JR.</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>8-20-56</u>
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5. SEX <u>MALE</u>	6. COLOR OR RACE <u>WHITE</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>—</u>	8. DATE OF BIRTH <u>6-22-56</u>	9. AGE (In years last birthday) <u>1</u>	IF UNDER 1 YEAR Months <u>29</u>	IF UNDER 24 HRS. Hours Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and State or Foreign Country) <u>ST. LOUIS, NORMANDY, MO. U.S.</u>	12. CITIZEN OF WHAT COUNTRY?
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13a. FATHER'S NAME <u>ROBERT WILLIAM BILZING</u>	13b. MOTHER'S MAIDEN NAME <u>BRENDA MILLAWAY</u>	14. NAME OF HUSBAND OR WIFE
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <input type="checkbox"/>	16. SOCIAL SECURITY NO. <u>—</u>	17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>V. TODD, 500 S. KINGSHIGHWAY</u>
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18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) <i>*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.</i>	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Congenital heart disease</u>		<u>Congenital</u>
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>IA & IV septal defects</u> DUE TO (c) <u>Anomalous left sup. vena cava</u>		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Congestive heart failure</u>			

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>
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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)
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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?
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22. I hereby certify that I attended the deceased from 8-20, 1956, to _____, 19____, that I last saw the deceased alive on 8-20, 1956, and that death occurred at 1:10 P m., from the causes and on the date stated above.

23a. SIGNATURE <u>W. Klinglers M.D.</u>	(Degree or title)	23b. ADDRESS <u>500 S. Kingshighway, St. Louis</u>	23c. DATE SIGNED <u>8-20-56</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>8-22-1956</u>	24c. NAME OF CEMETERY OR CREMATOR <u>Calvary Cemetery</u>	24d. LOCATION (City, town, or county) (State) <u>St. Louis, Mo.</u>
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DATE REC'D BY LOCAL REG. <u>AUG 21 1956</u>	REGISTRAR'S SIGNATURE <u>J. Earl Smith, M.D.</u>	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>White Chapel, Ferguson, Missouri</u>
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S.P. (Licensed Embalmer's Statement on Reverse Side)

TRANSFERRED FROM NORMANDY 8-20-56 - A.M.
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 Student Embalmer No. working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed *Edward J. ...*.....

Licensed Embalmer No. *3403*.....

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.