

Health,
& Welfare
Public
Service

300
1-56

Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed. All diseases in Part I must be casually related. Coroner cannot certify to a death due to natural causes.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

FILED OCT 29 1957

STANDARD CERTIFICATE OF DEATH

37173
STATE FILE NUMBER
9849

Registration District No. 318 Primary Registration District No. 1003 Registrar's No.

1. PLACE OF DEATH a. COUNTY				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE MO b. COUNTY			
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN ST. LOUIS, MO.			Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN St. Louis		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (IF NOT in hospital, give location) HOSPITAL OR INSTITUTION 32 ST. LUKE'S HOSP.			Length of stay in 1b 5 weeks	STREET ADDRESS 2078 1162a Pleasant Street		Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/>	
3. NAME OF DECEASED (Type or print) Thelma First Middle Ruth Last BILBREY THELMA R. BILBREY				4. DATE OF DEATH Month 10 Day 20 Year 57			
5. SEX FEMALE	6. COLOR OR RACE WHITE	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input checked="" type="checkbox"/>		8. DATE OF BIRTH 11-14-21		9. AGE (In years last birthday) 35	IF UNDER 1 YEAR Months Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Fuse Operator		10b. KIND OF BUSINESS OR INDUSTRY Busmann Fuse Co		11. BIRTHPLACE (City and state or country) ST. L. MO.		12. CITIZEN OF WHAT COUNTRY? USA	
13. FATHER'S NAME WILLIAM CURLEY William Curley				14. MOTHER'S MAIDEN NAME NORA (HICKEY)			
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. 486-28-1306		17. INFORMANT Mrs. Harley Dover, 12030 Garden Lane			
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Inanition</u> DUE TO (b) <u>Ulcerative Colitis</u> DUE TO (c) <u>572.2</u> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.							INTERVAL BETWEEN ONSET AND DEATH ?
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a)							19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>			20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)				
20c. TIME OF INJURY Hour Month, Day, Year a. m. p. m.							
20d. INJURY OCCURRED WHILE AT <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		20e. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		20f. CITY, TOWN, OR LOCATION		COUNTY STATE	
21. I attended the deceased from 9/18/1957 to 10/20/1957 and last saw her alive on 10/20/57. Death occurred at 1:16 P.M. P.M. on the date stated above; and to the best of my knowledge, from the causes stated.							
22a. SIGNATURE Eugene S. Shyne M.D.				22b. ADDRESS St. Luke's Hospital, St. Louis, MO		22c. DATE SIGNED 10/20/57	
23a. BURIAL, CREMATION, REMOVAL (Specify) Removal		23b. DATE Oct. 22 1957	23c. NAME OF CEMETERY OR CREMATORY Laural Hill Gardens Cem		23d. LOCATION (City, town, or county) (State) St. Louis, County, Mo		
24. FUNERAL DIRECTOR Math Hermann & Son, Inc., 2161 E. Fair Av				25. DATE RECD. BY LOCAL REG. OCT 21 1957		26. REGISTRAR'S SIGNATURE [Signature]	

(Licensed Embalmer's Statement on Reverse Side)

1003

1003

1003

NO

ST. LOUIS MO

ST. LUKE'S HOSP

10 27

BILBREY

THELMA

32

11-14-21

FEMALE WHITE

ST. L. MO

(NORA HICKEY)

WILLIAM BILBREY

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 *W. J. Bunsley* Licensed Embalmer No. 42

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.