

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-042602

STATE FILE NUMBER

FILED DEC 10 1958 Registration District No. 317 Primary Registration District No. 542 Registrar's No. 9175

1. PLACE OF DEATH 1316 Willingham Drive, a. COUNTY Ferguson, Missouri		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY St. Louis, Mo.	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Ferguson, Mo.		c. CITY OR TOWN FERGUSON 4000	
c. FULL NAME OF HOSPITAL OR INSTITUTION 1316 Willingham Dr. Died at Home		d. STREET ADDRESS (If outside, give location) 1316 Willingham Dr.	

3. NAME OF DECEASED (Type or print) First (Jacob) Middle (Bielicki) Last Billings		4. DATE OF DEATH Month Dec. Day 2nd Year 1958.	
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5. SEX Male	6. COLOR OR RACE White	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> 2 DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH Aug. 4, 1893.	9. AGE (In years, last birthday) 65	IF UNDER 1 YEAR Months 3 Days 28	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) Retired-Grand Leader	10b. KIND OF BUSINESS OR INDUSTRY Repairing & Furn. refinishing	11. BIRTHPLACE (City and state or country) St. Louis, Mo.	12. CITIZEN OF WHAT COUNTRY? U.S.A.
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13a. FATHER'S NAME Jacob Beilicki	13b. MOTHER'S MAIDEN NAME not known	14. NAME OF HUSBAND OR WIFE Margaret Billings
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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. 88-03-3327	17. INFORMANT Daughter, Address Madeline Bronson, 1316 Willingham Dr.
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18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Coronary Occlusion		INTERVAL BETWEEN ONSET AND DEATH 4 hrs.	
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.	DUE TO (b) Arterio-sclerotic (hardened) Arteries		10 yrs.
	DUE TO (c) 4201		
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.)
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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
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21. I attended the deceased from 2/24/49 to 12/2/58 and last saw her alive on 11/24/58 Death occurred at 6 7 m on the date stated above; and to the best of my knowledge, from the causes stated.		
22a. SIGNATURE Norman W. Dreyfus	22b. ADDRESS 634 N. Leavelle	22c. DATE SIGNED 12/3/58

23a. BURIAL, CREMATION, REMOVAL (Specify) REMOVAL	23b. DATE Dec. 5, 1958	23c. NAME OF CEMETERY OR CREMATORY Calvary	23d. LOCATION (City, town, or county) (State) St. Louis, Mo.
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24. FUNERAL DIRECTOR Cullinane, Bros., 3320 N. Kingshighway	25. DATE RECD. BY LOCAL REG. 12-4-58	26. REGISTRAR'S SIGNATURE Herbert R. Drake M.D.
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(Licensed Embalmer's Statement on Reverse Side)

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

All diseases in Part I must be causally related.

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 *Chas. J. Haines*

Licensed Embalmer No. *4108*.....

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