JAN 13 1936

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

Do not use this space.

41471

1. PLACE OF DEATH

County ..... Registration District No. 791

Township ..... Primary Registration District No. 1003

City St. Louis Mo (No. 4633 Adkins St. ..... Ward)

File No. 10707

Registered No. .....

2. FULL NAME Mary Billmeyer

(a) Residence, No. ..... St., 15 Ward. (If nonresident, give city or town and State)
(Usual place of abode)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female

4. COLOR OR RACE: White

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word): Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: Emil Billmeyer

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): March 10 1873

7. AGE: 62 YEARS, 9 MONTHS, 6 DAYS. If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Housework

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: at Home

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Highland Ills

FATHER

13. NAME: Fred Newmann

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Highland Ill

MOTHER

15. MAIDEN NAME: Unknown

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Unknown

17. INFORMANT (ADDRESS): Emil Billmeyer 4633 Adkins Ave

18. BURIAL, CREMATION, OR REMOVAL

PLACE Sunset Burial DATE Dec 19 1935

19. UNDERTAKER (ADDRESS): Wm J. Roberts 1925 S. Sand Ave

20. FILED DEC 18 1935 19 J F Bredeck Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): Dec 16, 1935

22. I HEREBY CERTIFY, That I attended deceased from June 26, 1935, to Dec. 16, 1935

I last saw her alive on Dec. 16 1935. Death is said to have occurred on the date stated above, at 7:50 P.m.

The principal cause of death and related causes of importance were as follows:

acute cardiac dilatation — Chr. auricular fibrillation

Date of onset

Other contributory causes of importance:

Chr. myocarditis

Chr. Hepatitis

Name of operation ..... Date of .....

What test confirmed diagnosis? usual Was there an autopsy? no

23. If death was due to external causes (violence), fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 19....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? no

If so, specify .....

(Signed) Leo P. Young, M. D.

(Address) 2621 S. Jefferson St. Louis Mo

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

MARGIN RESERVED FOR BINDING

100M-11-24-33