

B 151939

REC'D MAR 9 1939

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

7760
Do not use this space.

1. PLACE OF DEATH
 (a) County St. Louis ; Registration District No. 784
 (b) Township Carroll ; Primary Registration District No. 106 Registered No. 269
 or City Kirkwood
 (c) Street No. Andrews Nursing Home St.
 (If death occurred in Hospital or Institution, write its name instead of street and number)
 (e) Length of residence in city or town where death occurred yrs. mos. ds. Manchester, Ark.
 (1) How long in U.S. if of foreign birth? yrs. mos. ds.
 2. PRINT FULL NAME Ida Billings
 (a) Residence, No. 626 E Adams St. (If nonresident, give city or town and State)
 (Usual place of abode, if no street address, write county or city)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widow
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) April 9-1861
 7. AGE YEARS 77 MONTHS 10 DAYS 5 If LESS than 1 day, hrs. or min.
 OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Retired
 9. Industry or business in which work was done, as saw mill, bank, etc.
 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) Eme Penna
 FATHER 13. NAME Lorenzo Bennie
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Penna
 MOTHER 15. MAIDEN NAME Unknown
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Penna
 17. INFORMANT Mrs Luda Nandower
 (ADDRESS) Walley Park Mo.
 18. BURIAL, CREMATION, OR REMOVAL PLACE Oak Hill DATE 2-17 1939
 19. FUNERAL DIRECTOR (NAME) Louis H. Opp
 (ADDRESS) Kirkwood Mo.
 20. FILED FEB 15 1939 W. R. Meyer Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Feb 14 1939
 22. I HEREBY CERTIFY, That I attended deceased from Jan 30 to Feb 14, 1939
 I last saw him alive on Feb 14, 1939 Death is said to have occurred on the date stated above, at 10:45 a.m.
 The principal cause of death and related causes of importance were as follows:
Chronic Myocarditis Date of onset 1930
 Other contributory causes of importance: Atherosclerosis
 Name of operation Date of
 What test confirmed diagnosis? Was there an autopsy?
 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?
 If so, specify
 (Signed) L. H. Bennett, M. D.
 (Address) 107 S. Central St. St. Louis

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.

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.....
....., Registered Apprentice No.....
working under my personal supervision.

Signed.....

Licensed Embalmer No.....

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 this body is not embalmed, above space should be left blank.