

No. 2
1-4-41
-17-39
X2839

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. **40125**

JAN 24 1942

Registration District No. **791**

Primary Registration District No. **1003**

Registrar's No. **9839**

1. PLACE OF DEATH:

(a) County _____

(b) City or town St. Louis, Missouri
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:
St. Louis City Hospital #1
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 12 Days
(Specify whether
In this community 11 years
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County _____

(c) City or town St. Louis
(If outside city or town limits, write "RURAL")

(d) Street No. 818 East Gano Ave
(If rural, give location)

(e) Citizen of foreign country? No (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME John Bille

3. (b) If veteran, name war None

3. (c) Social Security No. None

4. Sex Male 5. Color or race White

6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Julia Bille nee Maleko

6. (c) Age of husband or wife if alive 54 years

7. Birth date of deceased April 22, 1875
(Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
<u>66</u>	<u>7</u>	<u>17</u>	hr. _____ min. _____

9. Birthplace St. Louis Missouri
(City, town, or county) (State or foreign country)

10. Usual occupation Retired brewery worker

11. Industry or business _____

12. Name August Bille

13. Birthplace Unknown Germany
(City, town, or county) (State or foreign country)

14. Maiden name Unknown

15. Birthplace Unknown Germany
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs Julia Bille

(b) Address 818 East Gano Ave

17. (a) Burial (b) Date thereof 12/12/41
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation St. Peters Cemetery

18. (a) Signature of funeral director Math Hermann & Son

(b) Address 2161 East Fair Ave

19. (a) DEC 12 1941 (b) J. F. Maleck
(Date received local registrar) (Registrar's signature)

(Licensed Embalmer's Statement on Reverse Side)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month December day 9,
year 1941 hour 8 minute 36 P. M.

21. I hereby certify that I attended the deceased from 1-3
_____, 1941, to 1-10-1941
_____, 1941,
that I last saw him alive on 1-19, 1941,
and that death occurred on the date and hour stated above.

Immediate cause of death
Carcinoma of pharynx

Due to _____

Due to _____

Other conditions Gastric ulcer
(Include pregnancy within 3 months of death)
Arteriosclerosis

Major findings:
Of operations _____

Of autopsy Same as above

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) _____

(b) Date of occurrence _____

(c) Where did injury occur? _____ (City or town) _____ (County) _____ (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? _____

While at work? _____ (Specify type of place)
(e) Means of injury _____

23. Signature R.D. Robinson (M.D. or other) _____
Address 1515 Lafayette Date signed 12/12/41

Duration
6 mo. plus

PHYSICIAN

Underline the cause to which death should be charged statistically.

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

MOTHER FATHER

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 *Henry J. Hunter*
Licensed Embalmer No. 12967
P. O. Address *H. Bauer, Ill.*

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, fact should be so stated above.