

No. 2
1-4-41
5-17-39
X26390
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19

FILED FEB 24 1942
Registration District No. 791

Primary Registration District No. 1003

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

1. PLACE OF DEATH:
(a) County _____
(b) City or town St. Louis
(c) Name of hospital or institution: Jewish Hospital 0
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____
(Specify whether _____)
In this community _____
years, months or days

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County _____
(c) City or town Webster Groves
(If outside city or town limits, write "RURAL")
(d) Street No. 875 Newport 1
(If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME Julia Billups
3. (b) If veteran, name war _____
3. (c) Social Security No. Nil

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Walter Billups 6. (c) Age of husband or wife if alive 71 years
7. Birth date of deceased October 4, 1874
(Month) (Day) (Year)

8. AGE: Years 67 Months 3 Days 19
If less than one day _____ hr. _____ min.

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

10. Usual occupation Housewife

11. Industry or business _____

MOTHER FATHER { 12. Name Thomas J. Williams
13. Birthplace Missouri
(City, town, or county) (State or foreign country)
14. Maiden name Mary Pritchett
15. Birthplace Missouri
(City, town, or county) (State or foreign country)

16. (a) Informant Walter Billups
(b) Address 875 Newport

17. (a) Burial (b) Date thereof 1/26/42
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Memorial Park

18. (a) Signature of funeral director Edith E. Ambruster
(b) Address 4234 Manchester

19. (a) JAN 24 1942 (b) J. J. Predeck
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month Jan day 23
year 1942 hour 6.15 P.M. minute _____ M.
21. I hereby certify that I attended the deceased from Nov 25
1941 to Jan 23 1942
and that death occurred on the date and hour stated above.

Immediate cause of death Arterio-Sclerotic Cardio-vascular disease
Duration 2 yrs

Due to MI
Due to Plaque in with effusion (left)
Other conditions (include pregnancy within 3 months of death) 2 mths

Major findings:
Of operations _____
Of autopsy MI
PHYSICIAN _____
Underline the cause to which death should be charged statistically.

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? _____

(Specify type of place) _____
While at work? _____ (b) Means of injury _____
23. Signature Sister Imholke (M. D. or other) MD
Address 402 N Taylor Date signed 1/24/42

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 Eynck*.....
Licensed Embalmer No. *1284*.....
P. O. Address *St Louis 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 this body is not embalmed, fact should be so stated above.