

FILED JUL 24 1940

318

State File No. \_\_\_\_\_

Registration District No. \_\_\_\_\_ Primary Registration District No. 1003 Registrar's No. 6342

1. PLACE OF DEATH:

(a) County \_\_\_\_\_

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

(c) Name of hospital or institution: Albany Bros Hospital  
(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: 000  
17  
19

(a) State Missouri (b) County \_\_\_\_\_

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

(d) Street No. 7726 Vermont  
(If rural, give location)

(e) If foreign born, how long in U. S. A? no years.

3. (a) PRINT FULL NAME Jacob Billiger

3. (b) If veteran, name war \_\_\_\_\_

3. (c) Social Security No. 788-038523

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 11  
year 1943 hour 10 minute 56 P. M.

21. I hereby certify that I attended the deceased from July 11th  
1943 to July 11, 1943  
that I last saw h. alive on July 11, 1943  
and that death occurred on the date and hour stated above.

4. Sex male 5. Color or race White

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

6. (b) Name of husband or wife Elizabeth Mangel

6. (c) Age of husband or wife if alive 49 years

7. Birth date of deceased March 10 1881  
(Month) (Day) (Year)

Immediate cause of death TOXIC JAUNDICE  
WELK'S DISEASE

Duration 10 days

Due to \_\_\_\_\_

Due to \_\_\_\_\_

Other conditions \_\_\_\_\_  
(Include pregnancy within 3 months of death)

8. AGE: Years 62 Months 4 Days 1 If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

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

10. Usual occupation Laborer

11. Industry or business Stupp Bros Wks

12. Name Joseph Billiger

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

14. Maiden name Frances Riade

15. Birthplace no  
(City, town, or county) (State or foreign country)

Major findings:  
Of operations \_\_\_\_\_

Of autopsy \_\_\_\_\_

PHYSICIAN \_\_\_\_\_  
Underline the cause to which death should be charged statistically.

16. (a) Informant Elizabeth Billiger

(b) Address 7726 Vermont

17. (a) Burial (b) Date thereof 7-14-43  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Park Lawn

18. (a) Signature of funeral director: Fendler Bros Co

(b) Address 7420 Michigan

19. (a) JUL 13 1940 J. B. Brudea  
(Date received local registrar) (Registrar's signature)

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 Over Jm Namee (M. D. or other) MD

Address 7626 Michigan Date signed July 12

O. J. McNamee

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

VA 10 00

100

**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.....

*Oliver E. Fendley*

Licensed Embalmer No.....

*1114*

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.**