

FILED JUN 30 1946

1003

5247

Registration District No.

Primary Registration District No.

1. PLACE OF DEATH:

(a) County  
(b) City or town **St. Louis**  
(c) Name of hospital or institution  
**4607 Labadie (rear)**  
(d) Length of stay: In hospital or institution  
In this community  
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County  
(c) City or town **St. Louis**  
(d) Street No. **4607 Labadie (rear)**  
(e) Citizen of foreign country?  
If yes, name country

3. (a) PRINT FULL NAME **Louisa R. Billington**

3. (b) If veteran, name war **N11** 3. (c) Social Security No. **Unknown**

4. Sex **Female** 5. Color or race **White** 6. (a) Single, widowed, married, divorced **Widow**

6. (b) Name of husband or wife **Pleasant G. Billington** 6. (c) Age of husband or wife if

7. Birth date of deceased **January 2 1862**  
(Month) (Day) (Year)

8. AGE: Years **84** Months **5** Days **9** If less than one day hr. min.

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

10. Usual occupation **Housewife**

11. Industry or business

12. Name **Edward Beckett**  
13. Birthplace **Unknown Missouri**  
14. Maiden name **Ellen Johnson**  
15. Birthplace **Unknown Missouri**  
(City, town, or county) (State or foreign country)

16. (a) Informant **Emmerson Billington**  
(b) Address **4607 Labadie (rear)**

17. (a) **Removal** (b) Date thereof **6-12-46**  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Campbell, Missouri**

18. (a) Signature of funeral director **Albert H. Hoppe**  
(b) Address **4700 Washington Blvd.**

19. (a) **JUN 12 1946** (b) **J. F. Bredeck**  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **June** day **11**  
year **1946** hour **6:15** minute **P.** M.

21. I hereby certify that I attended the deceased from **August 1945** to **May 15 1946**  
that I last saw her alive on **May 15 1946**  
and that death occurred on the date and hour stated above.

Immediate cause of death **Chronic myo-carditis** Duration **6 mos.**

Due to  
Due to  
Other conditions  
(Include pregnancy within 3 months of death)

Major findings:  
Of operations  
Of autopsy

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?  
(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 **J. F. Bredeck** (M. D. or other)  
Address **4583 Washington** Date signed **6/12/46**

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

MOTHER FATHER

JUN 12 1946

5277

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**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..... *Blair R. Padwell* .....

Licensed Embalmer No. *4077* .....

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, fact should be so stated above.**