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PI X47070

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS  
**FILED JAN 27 1947**  
Registration District No. 317

THE STATE BOARD OF HEALTH OF MISSOURI  
**STANDARD CERTIFICATE OF DEATH**  
Primary Registration District No. 6076

State File No. 34722  
Registrar's No. 119

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

1. PLACE OF DEATH:  
(a) County St. Louis  
(b) City or town Jefferson Barracks  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution:  
Veterans Administration Hospital 0  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution Since 11-6-1945  
(Specify whether years, months or days) 58 years

3. (a) PRINT FULL NAME BILYEU, Finis S.  
3. (b) If veteran, name war World I  
3. (c) Social Security No. Unknown

4. Sex Male 5. Color or race White  
6. (a) Single, widowed, married, divorced Single  
6. (b) Name of husband or wife  
6. (c) Age of husband or wife if alive \_\_\_\_\_ years  
7. Birth date of deceased May 6, 1887  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
59 8 11 5 hr. 55 min.

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

10. Usual occupation Hospital Attendant

11. Industry or business  
12. Name Unknown  
13. Birthplace Unknown  
(City, town, or county) (State or foreign country)  
14. Maiden name Unknown  
15. Birthplace Unknown  
(City, town, or county) (State or foreign country)

16. (a) Informant Registrar, Vet. Adm. Hospital  
(b) Address Jefferson Barracks, Missouri

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Jan. 20, 1947  
(Month) (Day) (Year)  
(c) Place: burial or cremation Pocahontas, ILL.

18. (a) Signature of funeral director C. E. Bass  
(b) Address Greenville, Illinois

19. (a) 1-20-47 (Date received local registrar) (b) [Signature] (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:  
(a) State Illinois (b) County Bond 999  
(c) City or town Pocahontas  
(If outside city or town limits, write "RURAL")  
(d) Street No. none  
(If rural, give location)  
(e) Citizen of foreign country? No (Yes or No)  
If yes, name country \_\_\_\_\_

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month January day 18  
year 1947 hour 5:55 minute A M.  
21. I hereby certify that I attended the deceased from November 6, 1945 to January 18, 1947  
that I last saw h. im alive on January 18, 1947  
and that death occurred on the date and hour stated above.

Immediate cause of death BRONCHOGENIC CARCINOMA, LEFT LUNG Duration UNK.  
Due to \_\_\_\_\_  
Due to \_\_\_\_\_  
Other conditions None  
(Include pregnancy within 3 months of death)

Major findings: No Operation  
Of operations \_\_\_\_\_  
Of autopsy No 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) No  
(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)  
Where at work? \_\_\_\_\_ (c) Means of injury \_\_\_\_\_  
23. Signature [Signature] A. GERMAN, M.D. (M. D. or other)  
Address Vet. Adm. Hosp., Jeff. Bks., Mo. Date signed 1-18-47

APR 4 1947

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: O. E. Bass

Licensed Embalmer No. 2675

P. O. Address: Greenville, S.C.

**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.**