

FILED APR 3 1948

Registration District No. 318

Primary Registration District No. 1003

Registrar's No.

90
17
9

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

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:
Homer G Phillips Hospital
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 6 days
(Specify whether)

In this community
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County..... 000

(c) City or town St. Louis
(If outside city or town limits, write "RURAL") 17

(d) Street No. 1610 rear Leffingwell
20 (If rural, give location) 7

(e) Citizen of foreign country?..... (Yes or No) 0

If yes, name country.....

3. (a) PRINT FULL NAME: John Billups

3. (b) If veteran, name war. None 3. (c) Social Security No. None

4. Sex Male 5. Color or race Negro

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

6. (b) Name of husband or wife. dead 6. (c) Age of husband or wife if alive..... years

7. Birth date of deceased. June 9, 1874
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>73</u>	<u>9</u>	<u>12</u>	hr. min.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 21
year 1948 hour 4 minute 50 a. m.

21. I hereby certify that I attended the deceased from
March 15, 1948, to March 21, 1948
that I last saw him alive on March 21, 1948
and that death occurred on the date and hour stated above.

Immediate cause of death

Cerebral Hemorrhage
Hypertensive Heart Disease

Duration
Undet.

Due to.....

Due to.....

Other conditions None
(Include pregnancy within 3 months of death)

Major findings:
Of operations.....

Of autopsy No

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

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

10. Usual occupation Laborer

11. Industry or business.....

MOTHER FATHER { 12. Name Henry H Joe Billups

13. Birthplace Columbus, Miss.
(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 Johnnie Rivers

(b) Address 1040 Elliott Ave.

17. (a) Burial (b) Date thereof 3/27/48
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Greenwood Cemetery

18. (a) Signature of funeral director C.W. Roberts

(b) Address 1416 N. Taylor Ave.

19. (a) WAR 22 1948 (b) J. F. Bredeck
(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?
.....
(Specify type of place)

While at work?..... (c) Means of injury.....

23. Signature Oscar J Daniels (M. D. or other)

Address 260 N Whittier Date signed 3/22/48

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 _____

Annie Roberts

Licensed Embalmer No. *4439*

P. O. Address *1416 N. Taylor Ave*

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.