

FILED MAY 12 1951

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 13790  
Registrar's No. 4206

BIRTH NO. _____		REG. DIST. NO. <u>318</u>		PRIMARY REG. DIST. NO. <u>1003</u>		Registrar's No. <u>4206</u>			
1. PLACE OF DEATH a. COUNTY				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>MISSOURI</u> b. COUNTY					
b. CITY OR TOWN <u>ST. LOUIS</u>		c. LENGTH OF STAY (in this place)		c. CITY OR TOWN <u>ST. LOUIS</u>		<u>2129</u>			
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>5336 ENRIGHT AVE;</u>				d. STREET ADDRESS (If rural, give location) <u>5336 ENRIGHT AVE;</u>					
3. NAME OF DECEASED (Type or Print) a. (First) <u>MURIEL</u> b. (Middle) <u>ASHCROFT</u> c. (Last) <u>BILLINGS.</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>MAY 3 1951</u>						
5. SEX <u>Female</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u>		8. DATE OF BIRTH <u>AUG. 26 1893</u>			
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>At home</u>		10b. KIND OF BUSINESS OR INDUSTRY		9. AGE (In years last birthday) <u>57</u>		11. BIRTHPLACE (State or foreign country) <u>Liverpool, England</u>			
13a. FATHER'S NAME <u>John Ashcroft.</u>		13b. MOTHER'S MAIDEN NAME <u>Blanche Hoover.</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>					
14. NAME OF HUSBAND OR WIFE <u>Cleveland Frank Billings.</u>		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>		16. SOCIAL SECURITY NO. <u>490-12-7608</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>William Billings - 5336 Enright Avenue</u>			
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)  *This does not mean the mode of dying, such as heart failure, ashenia, etc. It means the disease, injury, or complication which caused death.				MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>CARCINOMATOSIS GENERALIZED</u>  ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>OVARIAN MALIGNANCY</u> DUE TO (c) _____  II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.				INTERVAL BETWEEN ONSET AND DEATH <u>ABOUT 1 YEAR</u>  <u>UNKNOWN</u>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			
21a. ACCIDENT SUICIDE HOMICIDE (Specify)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)					
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? <u>175X</u>					
22. I hereby certify that I attended the deceased from <u>JAN 10</u> , 19 <u>48</u> , to <u>MAY 3</u> , 1951, that I last saw the deceased alive on <u>MAY 3</u> , 1951, and that death occurred at <u>3 P.</u> m., from the causes and on the date stated above.									
23a. SIGNATURE <u>Henry T Cooper</u> (Degree or title) <u>M.D.</u>				23b. ADDRESS <u>818 OLIVE ST</u>		23c. DATE SIGNED <u>4 May 1951</u>			
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>cremation</u>		24b. DATE <u>5-7-51</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Oak Grove Crematory</u>		24d. LOCATION (City, town, or county) (State) <u>St. Louis County, Missouri</u>			
DATE REC'D. BY LOCAL REG. <u>MAY 4 1951</u>		REGISTRAR'S SIGNATURE <u>F. B. Kaster</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>C.R. Lupton &amp; Sons; 7233 Delmar Blvd.</u>					

(Licensed Embalmer's Statement on Reverse Side)

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

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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 \_\_\_\_\_

Student Embalmer No. \_\_\_\_\_

working under my personal supervision.

Student .....  
Student Embalmer

Signed Arnold W. Schoene

Licensed Embalmer No. 3864

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.