

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **3444**

XC 2422 721  
Reg. # 117439  
BIRTH NO. FILED FEB 9 1955

REG., DIST. NO. 317 PRIMARY REG. DIST. NO. 500 Registrar's No. 197

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

1. PLACE OF DEATH a. COUNTY <b>ST. LOUIS</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>MISSOURI</b> b. COUNTY	
b. CITY OR TOWN <b>JEFFERSON BARRACKS, MO.</b>		c. CITY OR TOWN <b>5925 LEONA AVE., ST. LOUIS, MO.</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>VETERANS ADMINISTRATION HOSP.</b>		c. LENGTH OF STAY (in this place) <b>273</b>	

3. NAME OF DECEASED a. (First) <b>GEORGE</b> (Type or Print)			b. (Middle) <b>W.</b>			c. (Last) <b>BILYEU</b>			4. DATE OF DEATH (Month) (Day) (Year) <b>1-25-55</b>		
5. SEX <b>MALE</b>		6. COLOR OR RACE <b>WHITE</b>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>MARRIED</b>		8. DATE OF BIRTH <b>6-29-81</b>		9. AGE (In years last birthday) <b>73</b>		IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>RETIRED POSTAL CLERK</b>				10b. KIND OF BUSINESS OR INDUSTRY <b>CIVIL SERVICE</b>		11. BIRTHPLACE (State or foreign country) <b>MISSOURI</b>			12. CITIZEN OF WHAT COUNTRY? <b>USA</b>		

13a. FATHER'S NAME <b>PETER BILYEU</b>			13b. MOTHER'S MAIDEN NAME <b>VIRGINIA RAMSEY</b>			14. NAME OF HUSBAND OR WIFE <b>MAE E. BILYEU (nee HOLMES)</b>		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <b>YES</b>			16. SOCIAL SECURITY NO. <b>SPAW UNK</b>			17. INFORMANT'S SIGNATURE OR NAME <b>VA HOSPITAL RECORDS, JEFF. BKS, MO.</b>		

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)  <i>*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.</i>		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>CORONARY THROMBOSIS DUE TO ARTERIOSCLEROSIS</b>				INTERVAL BETWEEN ONSET AND DEATH <b>5 minutes</b>	
		ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <b>ARTERIOSCLEROSIS, GENERAL</b>				3 years	
		DUE TO (c)					
		II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.					

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)		<b>4201</b>	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?			

22. I hereby certify that I **VA** attended the deceased from **4-23-54**, 19 **19**, to **1-25-55**, 19 **19**, and that death occurred at **4:20 P.M.**, from the causes and on the date stated above.

23a. SIGNATURE <b>C.M. Schiek, M.D.</b> (Degree or title)			23b. ADDRESS <b>VA HOSP. JEFF. BKS, MO.</b>			23c. DATE SIGNED <b>1-25-55</b>		
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>		24b. DATE <b>Jan. 28, 1955</b>		24c. NAME OF CEMETERY OR CREMATORY <b>Park Lawn Cemetery</b>		24d. LOCATION (City, town, or county) (State) <b>St. Louis County, Missouri</b>		

DATE REC'D BY LOCAL REG. <b>1-27-55</b>		REGISTRAR'S SIGNATURE <b>Herbert R. Donke M.D.</b>		25. FUNERAL DIRECTOR'S SIGNATURE <b>Wacker - Selderle</b>		ADDRESS <b>3634 Gravois Ave</b>	
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(Licensed Embalmer's Statement on Reverse Side)

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.....

.....  
working under my personal supervision.

Student Embalmer No. ....

Signed.....

*Frank J. O'Neil Sr.*

Signed.....  
Student Embalmer

Licensed Embalmer No. *2675*

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.