

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-019488
State File No.

FILED MAY 26 1958

BIRTH NO. _____ REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003 Registrar's No. 4909

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

1. PLACE OF DEATH a. COUNTY <u>St. Louis</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Illinois</u> b. COUNTY <u>St. Clair</u>	
b. CITY (If outside corporate limits, write RURAL and give township) <u>St. Louis</u>		c. LENGTH OF STAY (in this place) <u>3 WKS</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Firmin Desloge</u>		e. STREET ADDRESS (If rural, give location) <u>32 unknown</u>	
3. NAME OF DECEASED (Type or Print) a. (First) <u>Chadys</u> b. (Middle) <u>-</u> c. (Last) <u>Billingsley</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>5-6-58</u>	
5. SEX <u>Female</u>	6. COLOR OR RACE <u>white</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Divorced 3</u>	8. DATE OF BIRTH <u>Nov. 6-1905</u>
9. AGE (In years last birthday) <u>52</u>		10. USUAL OCCUPATION (Give kind of work done during most of working life even if retired) <u>housewife</u>	
11. BIRTHPLACE (City and State or Foreign Country) <u>Hamilton Co. Illinois</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
13a. FATHER'S NAME <u>W. J. Leslie</u>		13b. MOTHER'S MAIDEN NAME <u>AGNES Benbrook</u>	
14. NAME OF HUSBAND OR WIFE <u>Unknown</u>		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) <u>No</u>	
16. SOCIAL SECURITY NO. <u>Unknown</u>		17. INFORMANT'S SIGNATURE OR NAME <u>W. J. Leslie</u> ADDRESS <u>Mr. Vernon Lee</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>Pulmonary edema</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>M.ital stenosis and insufficiency</u> DUE TO (c) <u>Rheumatic heart disease</u> II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>410x</u>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <u>M.ital stenosis & insufficiency</u>	
20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input 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) m.		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 attended the deceased from <u>April 21</u> , 19 <u>58</u> , to <u>May 6</u> , 19 <u>58</u> , that I last saw the deceased alive on <u>May 6th</u> , 19 <u>58</u> , and that death occurred at <u>7:15 Pm.</u> , from the causes and on the date stated above.	
23a. SIGNATURE <u>C. Rollins Houston M.D.</u> (Degree or title)		23b. ADDRESS <u>1325 S. Grand Blvd</u>	
23c. DATE SIGNED <u>5/8/58</u>		24. LOCATION (City, town, or county) (State) <u>Mt Vernon Illinois</u>	
24a. BURIAL, CREMATION, OR REMOVAL (Specify) <u>Removal</u>		24b. DATE <u>5-8-58</u>	
24c. NAME OF CEMETERY OR CREMATORY		24d. LOCATION (City, town, or county) (State)	
DATE REC'D BY LOCAL REG. <u>MAY 8 58</u>		REGISTRAR'S SIGNATURE <u>J. Carl Smith M.D.</u>	
25. FUNERAL DIRECTOR'S SIGNATURE <u>Myers Funeral Service</u> ADDRESS <u>Mr. Vernon Lee</u>		3.P. (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, Student Embalmer No.

working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed *Frank Brown*.....

Licensed Embalmer No. *4356*

P. O. Address *Edison*.....

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.