

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-61-034046
STATE FILE NUMBER

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 8336

AMENDED

FILED SEP 18 1961

1. PLACE OF DEATH
a. COUNTY _____

b. CITY (If outside corporate limits, give TOWNSHIP only)
OR TOWN St. Louis Length of stay in lb thirty yrs

c. FULL NAME OF (If NOT in hospital, give location)
HOSPITAL OR INSTITUTION Homer G. Phillips Inside limits Yes No

d. STREET ADDRESS (If outside, give location)
2508 Bacon Reside on Farm Yes No

3. NAME OF DECEASED (Type or print)
First Georgia Middle _____ Last Billups

4. DATE OF DEATH
Month 9 Day 5 Year 61

5. SEX Female 6. COLOR OR RACE Negro 7. Married Never Married
Widowed Divorced

8. DATE OF BIRTH Dec 25, 1906 9. AGE (last birthday) 60

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) ret 10b. KIND OF BUSINESS OR INDUSTRY _____

11. BIRTHPLACE (City and state or country) Selman Alabama 12. CITIZEN OF WHAT COUNTRY USA

13a. FATHER'S NAME Dave Burst 13b. MOTHER'S MAIDEN NAME Mary Thomas 14. NAME OF HUSBAND OR WIFE James Billups

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) _____ 16. SOCIAL SECURITY NO. _____ 17. INFORMANT James Billups Address 2508 Bacon

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) Tetanus
DUE TO (b) _____
DUE TO (c) _____
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. 061x

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) _____

PART III. If deceased was female was there a pregnancy in last 90 days.
 Yes No Unknown

19. WAS AUTOPSY PERFORMED? YES NO 20a. ACCIDENT SUICIDE HOMICIDE 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.) _____

20c. TIME OF INJURY Hour _____ a.m. _____ p.m. Month, Day, Year _____

20d. INJURY OCCURRED WHILE AT WORK NOT WHILE AT WORK 20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) _____ 20f. CITY, TOWN, OR LOCATION _____ COUNTY _____ STATE _____

21. I attended the deceased from _____ to _____ and last saw her him alive on 9-5-61
Death occurred at 8:15 a.m. on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE Chas. P. Forde, M.D. (Degree or title) 22b. ADDRESS 2601 N. Whittier Street 22c. DATE SIGNED 9-6-61

23a. BURIAL, CREMATION, REMOVAL (Specify) _____ 23b. DATE 9-11-61 23c. NAME OF CEMETERY OR CREMATORY Washington Park Cemetery St Louis Co Missouri 23d. LOCATION (City, town, or county) (State) _____

FUNERAL DIRECTOR D. Nelson Tranel Home ADDRESS 276 Alton Ave 25. DATE RECD. BY LOCAL REG. SEP 7 1961 26. REGISTRAR'S SIGNATURE Loan Smith, M.D.

DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

SHOULD READ

ITEM NO.

Questioned: Due to splinter in foot
 MEDICAL CERTIFICATION
 DOCUMENT
 BY AFFIDAVIT OF

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 James A. Carter
Licensed Embalmer No. 4681

P. O. Address St. Louis

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.