MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

Do not use this space.

3376

1. PLACE OF DEATH

County ..... Registration District No. 791

Township ..... Primary Registration District No. 1003

City St Louis (No. 4335 N 14th St. ..... Ward)

File No. ..... Registered No. 1005

2. FULL NAME John Bindner

(a) Residence. No. 4335 N 14th St., 9 Ward. (Usual place of abode) (If nonresident give city or town and State)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U.S., if of foreign birth? ..... yrs. ..... mos. ..... ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male

4. COLOR OR RACE: White

5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word): Married

5a. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF ~~(OR) WIFE OF~~ Josephine Bindner

6. DATE OF BIRTH (MONTH, DAY AND YEAR) June 23, 1866

7. AGE: 61 YEARS, MONTHS: 7, DAYS: 2, If LESS than 1 day, ... hrs. or ..... min.

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work: Storekeeper

(b) General nature of industry, business, or establishment in which employed (or employer): Continental

(c) Name of employer: Bakery Co

9. BIRTHPLACE (CITY OR TOWN) ..... (STATE OR COUNTRY) Germany

PARENTS

10. NAME OF FATHER: Unknown

11. BIRTHPLACE OF FATHER (CITY OR TOWN) ..... (STATE OR COUNTRY) Germany

12. MAIDEN NAME OF MOTHER: Unknown

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) ..... (STATE OR COUNTRY) Germany

14. INFORMANT: Mrs. Josephine Bindner (Address) 4335 N 14th St

15. FILED JAN 27 1928, 19..... Max C Starkcoff REGISTRAR

2 MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Jan 25 1928

17. I HEREBY CERTIFY, That I attended deceased from Dec 25, 1926, to Jan 25, 1928, that I last saw him alive on Jan 25, 1928, and that death occurred, on the date stated above, at 7 P m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

46A

Carcinoma of Oesophagus (duration) ..... yrs. 13 mos. ..... ds.

CONTRIBUTORY (SECONDARY) Exhaustion (duration) ..... yrs. 13 mos. ..... ds.

18. WHERE WAS DISEASE CONTRACTED IF NOT AT PLACE OF DEATH? —

DID AN OPERATION PRECEDE DEATH? yes DATE OF apr. 17 27

WAS THERE AN AUTOPSY? No

WHAT TEST CONFIRMED DIAGNOSIS? Physical & X Ray

(Signed) J. Mayer M. D

1/27, 1928 (Address) 1800 Olive St

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL: Lake Charles Cemetery — DATE OF BURIAL: Jan 28 1928

20. UNDERTAKER: Diehmann Harral — ADDRESS: 1905 Union

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

1800 Olive St.
Central 8488
4483 Mi[illegible] Pearson
Jeff 9423
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