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

Do not use this space.

14835

1. PLACE OF DEATH

County ..... Registration District No. 791 File No. .....

Township ..... Primary Registration District No. 1003 Registered No. 13719

City St. Louis Mo (No. St. Lukes Hospital St. ..... Ward)

2. FULL NAME Herman F. Binder

(a) Residence. No. 4418 Red Bud Ave 10 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~~ Mary J. Binder

6. DATE OF BIRTH (MONTH, DAY AND YEAR) July 21 - 1876

7. AGE 51 Years | Months 8 | Days 10 | If LESS than 1 day, ... hrs. or ..... min.

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Clerk - Building Co

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

(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) St. Louis Mo
(STATE OR COUNTRY)

PARENTS

10. NAME OF FATHER Herman Binder

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

12. MAIDEN NAME OF MOTHER Regina Brummer

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

14. INFORMANT Mary J. Binder
(Address) 4418 Red Bud Ave

15. FILED 12 - 3 1928 Max C Starkloff REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Apr 1 1928

17. I HEREBY CERTIFY, That I attended deceased from Apr 1 28 - 10 am, 19..., to Apr 1-28 - 6.30 PM, 19..., that I last saw him alive on Apr 1-28, 19..., and that death occurred, on the date stated above, at 6.30 P.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS: Streptococcus Phlegmon of Throat - 115 - 3 days (duration) ..... yrs. ..... mos. ..... ds.

CONTRIBUTORY (SECONDARY) 109 B1 (duration) ..... yrs. ..... mos. ..... ds.

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH? at home

DID AN OPERATION PRECEDE DEATH? no DATE OF .....

WAS THERE AN AUTOPSY? no

WHAT TEST CONFIRMED DIAGNOSIS? .....

(Signed) Stanley S. Burns M. D.

, 19 (Address) Mo Theater Bldg

*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 Bethany Cemetery

DATE OF BURIAL April 4th 1928

20. UNDERTAKER Hy. Leidner Und. Co.

ADDRESS 1417 N. Market St.

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.