

APR 9 1935

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

Do not use this space.

791
1003

10991

1. PLACE OF DEATH

County..... Registration District No.....
Township..... Primary Registration District No.....
City *St. Louis* (No. *St. Louis*) (Ward) *2620*

2. FULL NAME

(a) Residence, No. *Embassy Apts* Ward. *IV*
(Usual place of abode) *530 Myron Blvd* (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 *Grace Lamson Bingham*
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) *Dec 23 - 1852*
7. AGE YEARS *82* MONTHS *2* DAYS *27* IF LESS than 1 day, hrs. or min.
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. *Retired*
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. *Lumber*
10. Date deceased last worked at this occupation (month and year) 11. Total time (years) spent in this occupation.

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) *Cleveland Ohio*

13. NAME *Eduard Bingham*

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) *Anderson, Tenn.*

15. MAIDEN NAME *Esther Sanford*

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) *(unborn) Ohio*

17. INFORMANT (ADDRESS) *Mrs. A. E. Bingham, Embassy Apts.*

18. BURIAL, CREMATION, OR REMOVAL PLACE DATE *Valhalla Crem 3-20-35*

19. UNDERTAKER (ADDRESS) *C. R. Dighton & Sons, # 1449 Olive St.*

20. FILE NO. *MAR 20 1935 19 J. F. Bredeck Registrar.*

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) *3/20* 19 *35*

22. I HEREBY CERTIFY, That I attended deceased from *January*, 1933, to *Mar. 20*, 1935
last saw him alive on *Mar. 19*, 1935. Death is said to have occurred on the date stated above, at *2:27 p.m.*

The principal cause of death and related causes of importance were as follows:

Cerebral Arterio-Sclerosis Date of onset *X*

Other contributory causes of importance:
General Arterio-Sclerosis
Chronic Myocarditis

Name of operation *none* Date of.....
What test confirmed diagnosis?..... Was there an autopsy? *no*

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide?..... Date of injury....., 19.....
Where did injury occur?..... (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.

Manner of injury.....
Nature of injury.....

24. Was disease or injury in any way related to occupation of deceased? *no*
If so, specify.....
(Signed) *Hiram S. Leggett*, M. D.

(Address) *3720 Washington Blvd 8th floor*

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.

at Lakeside
10 ac.
Jeff - 1551.