

APR 9 1937

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

Do not use this space.

1. PLACE OF DEATH

County..... Registration District No. **791**
Township..... Primary Registration District No. **1003**
City **St. Louis** (No. **Alexian, Bros. Hospital**)

File No. **10898**
Registered No. **3472**
St. Ward)

2. FULL NAME **Louis H. Binz**

(a) Residence, No. **5714 Finkman Ave.** St. **2** 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 **Mae Binz**

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) **March, 27-1902.**

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
34 0 3

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. **Owner**

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. **Hide-Tallow Co.**

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) **St. Louis, Mo.**

13. NAME **Frank Binz**

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **Germany**

15. MAIDEN NAME **Unknown**

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **Germany**

17. INFORMANT **Mae Binz** (ADDRESS) **5714 Finkman Ave.**

18. BURIAL, CREMATION, OR REMOVAL PLACE **Sunset E. Park** DATE **April 1-1937**

19. UNDERTAKER **Wacker-Helderle** (ADDRESS) **2331 S. Broadway**

20. FILE **MAR 31 1937** **J. W. Predeck** Registrar.

No Phy MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) **March, 30-1937**

22. I HEREBY CERTIFY, That I attended deceased from 19....., to..... 19.....

I last saw h..... alive on..... 19..... Death is said

to have occurred on the date stated above, **12.10 A.M.**

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

Strangulation due to hanging while sleeping from a fire engine to Basin Hold. Subdural haemorrhage. Compression of left hemispheres caused by being struck on head. Occ. 31-1936 in altercation at Tower Grove Turner Hall Grand Jurors at the hands of ...
Other contributory causes of importance:
10cc. 31-1936 in altercation at Tower Grove Turner Hall Grand Jurors at the hands of ...
Name of operation..... **Suicide** Date of.....
What test confirmed diagnosis?..... Was there an autopsy? **Yes**

23. If death was due to external causes (violence), fill in also the following: Accident, suicide, or homicide? **Suicide** Date of injury **12/15, 1936**

Where did injury occur? **St. Louis, Mo.** (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. **Public Place**

Manner of injury..... Nature of injury..... **See above**

24. Was disease or injury in any way related to occupation of deceased? **No**

If so, specify **Alfred G. Perry** (Signed)

(Address) **Deputy Coroner**

WHITE PRINTING WITH COLORED 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.

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