

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

Do not use this space.

31850

1. PLACE OF DEATH SEP 25 1937  
 County Saint Louis Registration District No. 1123  
 Township Carondelet Primary Registration District No. 6248 B  
 City Jefferson Barracks (No. VETERAN'S FACILITY) St. \_\_\_\_\_ Ward \_\_\_\_\_

File No. \_\_\_\_\_  
 Registered No. 350

2. FULL NAME Mark R. BINDLEY  
 (a) Residence, No. 8219 Riley Avenue St. \_\_\_\_\_ Ward Saint Louis, Missouri.  
 (Usual place of abode) (If nonresident, give city or town and State)  
 Length of residence in city or town where death occurred Unkn. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

**PERSONAL AND STATISTICAL PARTICULARS**

**MEDICAL CERTIFICATE OF DEATH**

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 Mrs. Opal Bindley  
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) June 15, 1899  
 7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.  
38 2 13  
 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Cement Finisher  
 9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. ---  
 10. Date deceased last worked at this occupation (month and year) --- 11. Total time (years) spent in this occupation ---

21. DATE OF DEATH (MONTH, DAY, AND YEAR) August 28, 19 37  
 22. I HEREBY CERTIFY, That I attended deceased from August 26, 19 37, to August 28, 19 37  
 I last saw him alive on August 28, 19 37. Death is said to have occurred on the date stated above, at 1:00 PM  
 The principal cause of death and related causes of importance were as follows:  
Syphilis, Neuro; mesodermogenic Date of onset Unkn.

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Lawrence Kansas  
 13. NAME Ray Bindley  
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Not known Not known  
 15. MAIDEN NAME Video: (Unknown)  
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Not known Not known  
 17. INFORMANT Clinical Clerk M. Schellig  
 (ADDRESS) VAF Jefferson Barracks, Mo.  
 18. BURIAL, CREMATION, OR REMOVAL PLACE NATIONAL CEM DATE Aug 31, 19 37  
 19. UNDERTAKER (ADDRESS) C. HOFFMEISTER U. L. Co. 7814 S. BROADWAY  
 20. FILED AUGUST 30 1937 G. Mowry Registrar.

Other contributory causes of importance: Subarachnoid Hemorrhage. Unkn.  
 Name of operation None  
phy. clinical manir. and laboratory  
 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?  
 If so, specify \_\_\_\_\_  
 (Signed) C. U. HUGHES Chief Med. Officer. M. D.  
 (Address) VAF Jeffe on Barracks, Mo.

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.

Statement by licensed embalmer

I, George W. Hoffmeister

Licensed Embalerm No. 2426

hereby certify that the body recorded on the reverse side of this certificate was embalmed by Leo J. Budde #3889

L.E

No. or by Registered Apprentice No.  
working under my personal supervision.

signed:

Licensed Embalmer No.