

OCT 14 1937

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

32253

Do not use this space.

1. PLACE OF DEATH

 (a) County
 (b) Township
 (c) City St. Louis, (d) Street No. 4138 Oregon 791
 (e) Length of residence in city or town where death occurred 50 yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.
Registered No. 83072. PRINT FULL NAME Anton Binder
 (a) Residence, No. 4138 Oregon Ave. St. 16
 (Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

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 Binder
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) June 4, 1850
 7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
87 2 29

 OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Woodworker
 9. Industry or business in which work was done, as saw mill, bank, etc. Carriage Ret. 15Yr.
 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) Germany13. NAME Mathias Binder14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Germany15. MAIDEN NAME Katherine16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Germany17. INFORMANT (ADDRESS) Mary Binder
4138 Oregon Ave.18. BURIAL, CREMATION, OR REMOVAL PLACE DATE SS. Peterandpaul Cem. Sept. 6, 193719. FUNERAL DIRECTOR (ADDRESS) J. J. Neppend and Co.
2842 Meramec St.20. FILED SEP 3 1937 J. J. Bredeek
Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Sept. 3 193722. I HEREBY CERTIFY, That I attended deceased from June 6th, 1937, to August 28th, 1937.I last saw him alive on August 28th, 1937. Death is said to have occurred on the date stated above, at 9:20 a. m.

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

Cerebral Hemorrhage. Date of onset

Other contributory causes of importance:

Name of operation None Date ofWhat test confirmed diagnosis? None 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) E. H. Wheeler, M. D.(Address) 404 Frisco Bldg.

(Licensed Embalmer's Statement on Reverse Side)

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.

311 X12004

STATEMENT BY LICENSED EMBALMER

I, Herman A. Gebken, Licensed Embalmer No. 2120

hereby certify that the body recorded on the reverse side of this certificate was embalmed by Me

----- L. E. -----

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

Signed Herman A. Gebken

Licensed Embalmer No. 2120

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)