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SEP 25 1940

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH
1003

27098
6994

F-5288

Registration District No. 791

Primary Registration District No.

State File No.

Registrar's No.

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH: 1000

(a) County. Missouri
(b) City or town. St. Louis,
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
St. Louis City Hospital |
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution. 26 Days
(Specify whether
In this community. rural
years, months or days)

3. (a) PRINT FULL NAME Ruth Brinkley BINKLEY

3. (b) If veteran, name war. No 3. (c) Social Security No. NONE

4. Sex. FEMALE 5. Color or race. WHITE 6. (a) Single, widowed, married, divorced. MARRIED
6. (b) Name of husband or wife. VERNON BINKLEY 6. (c) Age of husband or wife if alive. 43 years
7. Birth date of deceased. OCTOBER 19 1905
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>34</u>	<u>9</u>	<u>25</u>	hr. min.

9. Birthplace. NASHVILLE TENN.
(City, town, or county) (State or foreign country)

10. Usual occupation. HOUSE WIFE

11. Industry or business. HOME

MOTHER FATHER { 12. Name. JOHN BOGLE
13. Birthplace. UNKNOWN TENN.
(City, town, or county) (State or foreign country)
14. Maiden name. HATTIE MILLIGAN
15. Birthplace. UNKNOWN TENN.
(City, town, or county) (State or foreign country)

16. (a) Informant. Vernon Brinkley
(b) Address. 1141 WALTON

17. (a) BURIAL (b) Date thereof. 8-19-40
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation. MEMORIAL PARK

18. (a) Signature of funeral director. Buller Kelly
(b) Address. 1616 N. TAYLOR AVE

19. (a) AUG 19 1940 (b) J.P. Brinkley
(Date received local registrar)

2. USUAL RESIDENCE OF DECEASED:

(a) State. MISSOURI (b) County. 12
(c) City or town. ST. LOUIS
(If outside city or town limits, write "RURAL")
(d) Street No. 1141 WALTON
(If rural, give location)
(e) If foreign born, how long in U. S. A. ? _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month August day 15th,
year 1940 hour 6:00 minute 35 P.M.

21. I hereby certify that I attended the deceased from July 15th,
20th, 1940, to August 15th, 1940,
that I last saw her alive on August 15th, 1940,
and that death occurred on the date and hour stated above.

Immediate cause of death. myocarditis, Chronic

Due to _____

Due to 93C

Other conditions. _____
(Include pregnancy within 3 months of death)

Major findings: _____
Of operations _____

Of autopsy _____

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) _____

(b) Date of occurrence _____

(c) Where did injury occur? _____
(City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place?
While at work? _____ (Specify type of place)
(e) Means of injury _____

23. Signature Harold Freedman MD (M. D. or other) _____
Address 1515 Lafayette, St. Louis, Mo Date signed 8/16/40

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....

....., Registered Apprentice No.....
working under my personal supervision.

Signed *Clement M. Neuf*

Licensed Embalmer No. *3732*

P. O. Address *St. Louis*

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.)

If this body is not embalmed, above space should be left blank.