

REC'D SEP 25 1940 **791**

Primary Registration District No. **1003**

1. PLACE OF DEATH:

(a) County _____
(b) City or town St. Louis
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
4138 Oregon Ave. **2**
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____
(Specify whether _____)
In this community _____
years, months or days

3. (a) PRINT FULL NAME MARY BINDER **536**

3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced Widowed

6. (b) Name of husband or wife Anton Binder Sr. 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased September 4, 1858
(Month) (Day) (Year)

8. AGE: Years 81 Months 11 Days 17 If less than one day _____ hr. _____ min.

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

10. Usual occupation At home

11. Industry or business _____

12. Name Henry Kastler

13. Birthplace Germany
(City, town, or county) (State or foreign country)

14. Maiden name Susan Reinhardt

15. Birthplace Germany
(City, town, or county) (State or foreign country)

16. (a) Informant John H. Binder

(b) Address 4138 Oregon Ave.

17. (a) Burial (b) Date thereof Aug. 24, 1940
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation SS. Peter & Paul Cem.

18. (a) Signature of funeral director J. H. Hecker Sr. & Co.

(b) Address 2842 Meramec St.

19. (a) AUG 22 1940 (b) _____
(Date received by registrar) (Signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County _____
(c) City or town St. Louis **15**
(If outside city or town limits, write "RURAL")
(d) Street No. 4138 Oregon Ave.
(If rural, give location)
(e) If foreign born, how long in U. S. A.? 65 yrs. years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Aug. day 21st
year 1940 hour 3 minute 15 P. M.

21. I hereby certify that I attended the deceased from August 15th 1940
_____, 19____, to Aug. 20th 1940, 19____;
that I last saw her alive on August 20th 1940, 19____;
and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral Hemorrhage Duration _____

Due to _____

Due to _____

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

Major findings: _____
Of operations _____

Of autopsy _____

PHYSICIAN

Underline the cause to which death should be charged statistically.

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) (c) Means of injury _____

23. Signature E. H. Wheeler M.D. (M. D. or other) _____
Address 404 FRISCO Bldg. Date signed 8/22/40

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

MOTHER FATHER

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 *Robert F. Gebke*

Licensed Embalmer No. 4144
2842 Meramec St.
P. O. Address..... St. Louis, Mo.

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

If this body is not embalmed, fact should be so stated above.