

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 29319

Registration District No. 659

Primary Registration District No. 5826

Registrar's No. 77

1. PLACE OF DEATH:
(a) County Perry
(b) City or town Rural
(c) Name of hospital or institution: Home
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 74-5-29 (Specify whether
In this community years, months or days)

3. (a) PRINT FULL NAME Mario M. Bingenheimer
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 MARRIED
6. (b) Name of husband or wife George Bingenheimer 6. (c) Age of husband or wife if alive 79 years
7. Birth date of deceased Feb. 10 1866
(Month) (Day) (Year)

8. AGE: Years 74 Months 5 Days 29 If less than one day hr. — min. —

9. Birthplace Capo Girardoau Missouri
(City, town, or county) (State or foreign country)

10. Usual occupation House Wife

11. Industry or business

MOTHER, FATHER { 12. Name Charles Elbrocht
13. Birthplace Gormany b
14. Maiden name Wilhelmiana Sowing
15. Birthplace Gormany b
(City, town, or county) (State or foreign country)

16. (a) Informant's signature Theda Bingenheimer
(b) Address Perryville Mo. R.R. 2
17. (a) Burial (b) Date thereof Aug. 12 1940
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Longtown Mo

18. (a) Signature of funeral director Young & Sons
(b) Address Parryville Mo.

19. (a) Aug. 12-1940 (b) M. Martin Morchel
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Perry
(c) City or town Rural
(If outside city or town limits, write "RURAL")
(d) Street No. _____ (If rural, give location)
(e) If foreign born, how long in U. S. A. _____ years

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month Aug. day 9
year 1940 hour 7 minute A. M.
21. I hereby certify that I attended the deceased from June 30 1940 to Aug. 9 1940
that I last saw her alive on Aug 8 1940
and that death occurred on the date and hour stated above.

Immediate cause of death Chronic Myocarditis Duration 6/20/40+
Due to Senility
Due to A. S. C.

Other conditions Arteriosclerosis (Hemal) 6/20/40+
(Include pregnancy within 3 months of death)

Major findings: Of operations None
Of autopsy None
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? 5
While at work? _____ (Specify type of place) (e) Means of injury _____
23. Signature Bernard T. Koon (M. D. or other) MS
Address Perryville Mo Date signed 9/10/40

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 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 *Edward C. Young*

Licensed Embalmer No. *2138*

P. O. Address *Perryville mo*

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.