

No. 2
4-13-40
5-17-39
I X23159

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. **40217**

JAN 15 1941 791

Primary Registration District No. **1003**

Registrar's No. **9986**

1. PLACE OF DEATH: **1**
(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:
Lutheran Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution **8 days**
(Specify whether
In this community **43 Years**
years, months or days)

3. (a) PRINT FULL NAME **Louisa F. Binder**
3. (b) If veteran, name war. **----** 3. (c) Social Security No. **None**

4. Sex **Female** 5. Color or race **White** 6. (a) Single, widowed, married, divorced **Widow**
6. (b) Name of husband or wife **Karl Binder** 6. (c) Age of husband or wife if alive **----** years
7. Birth date of deceased **October 8, 1867**
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
73 11 27 hr. min.

9. Birthplace **Spencer County Indiana**
(City, town, or county) (State or foreign country)

10. Usual occupation **Home**

11. Industry or business

MOTHER FATHER { 12. Name **Andrew Rapp**
13. Birthplace **Unknown Germany**
(City, town, or county) (State or foreign country)
14. Maiden name **Fredericka Fundis**
15. Birthplace **Unknown Germany**
(City, town, or county) (State or foreign country)

16. (a) Informant **Karl P. Binder**
(b) Address **3430 S. Compton**

17. (a) **Burial** (b) Date thereof **12/7/40**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **St. Pauls Churchyard**

18. (a) Signature of funeral director **Wacker-Welch**
(b) Address **2331 S. Broadway**

19. (a) **DEC 5 1940** (b) **J. F. Bredeck**
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:
(a) State **Missouri** (b) County.....
(c) City or town **St. Louis** **16**
(If outside city or town limits, write "RURAL")
(d) Street No. **3429 Giles Ave.**
(If rural, give location)
(e) If foreign born, how long in U. S. A.? years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **Dec.** day **4**
year **1940** hour **3** minute **45 a.m.**

21. I hereby certify that I attended the deceased from **11-26**, 19**40**, to **12-2**, 19**40**, that I last saw ~~her~~ alive on **12-2**, 19**40**, and that death occurred on the date and hour stated above.

Immediate cause of death **Lobar Pneumonia** **1 wkt.**
Due to.....
Due to.....
Other conditions (Include pregnancy within 3 months of death) **MI**
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?

(Specify type of place) While at work? (a) Means of injury.....

23. Signature **Bert Klein** (M. D. or other) **1**
Address **2632 S. Kings Highway** Date signed **12-5-40**

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

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 Wheeler

Licensed Embalmer No.....

2128

P. O. Address.....

St Louis 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, fact should be so stated above.