

FILED OCT 7 1941

Registration District No. 784

Primary Registration District No. 200

Registrar's No. 1984

1. PLACE OF DEATH:

(a) County ST LOUIS

(b) City or town KOCH

(c) Name of hospital or institution: Robert Koch Hospital
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 515 days
(Specify whether years, months or days)

In this community 49 years
(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County St Louis

(c) City or town St Louis
(If outside city or town limits, write "RURAL")

(d) Street No. 1207 S. Compton
(If rural, give location)

(e) Citizen of foreign country? (Yes or No)

If yes, name country

3. (a) PRINT FULL NAME WILLIAM BINSBACHER

3. (b) If veteran, name war

3. (c) Social Security No.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept day 24
year 1941 hour 4 minute 45 AM.

21. I hereby certify that I attended the deceased from April
27 1940 to Sept 24 1941
that I last saw him alive on Sept 24 1941
and that death occurred on the date and hour stated above.

4. Sex male 5. Color or race white

6. (a) Single, widowed, married, divorced single

6. (c) Age of husband or wife if alive years

7. Birth date of deceased: Jan 9 1879
(Month) (Day) (Year)

Immediate cause of death Pulmonary Tuberculosis Duration 4 years plus

Due to

Due to

Other conditions (include pregnancy within 3 months of death)

8. AGE: Years Months Days If less than one day

62 8 15 hr. min.

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

10. Usual occupation Painter

11. Industry or business

MOTHER FATHER

12. Name Sebastian Binsbacher

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

14. Maiden name Mary Schmitt

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

PHYSICIAN

Major findings: Of operations

Of autopsy Pulm Tuberculosis, Empyema Pneumothorax

Underline the cause to which death should be charged statistically.

16. (a) Informant Hospital Record

(b) Address Robert Koch Hospital

17. (a) Burial (b) Date thereof Sept 29, 1941
(Burial, cremation, or removal) (Month) (Day) (Year)

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

18. (a) Signature of funeral director J. H. Gebken, Dir. & Mgr.
2842 Meramec St.

(b) Address

19. (a) SEP 26 1941 (b) C. H. Mc...
(Date received local registrar) (Registrar's signature)

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 Frank Cohen (M. D. or other) MD

Address Robert Koch Hosp Date signed Sept 24/41

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.....

Joseph S. Benz

Registered Apprentice No. 218

working under my personal supervision.

Signed.....

Loron E. Percy

Licensed Embalmer No. 4094

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 with the above constitutes grounds for revocation of license.)

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