

FILED AUG 25 1942

Registration District No. 791

Primary Registration District No. 1003

Registrar's No. 6893

100
17
9

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

1. PLACE OF DEATH:

(a) County St. Louis

(b) City or town St. Louis
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: DePaul Hospital
(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 Douglas Nathaniel Bindbuetel

3. (b) If veteran, name war _____

3. (c) Social Security No. _____

4. Sex Male

5. Color or race White

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

6. (b) Name of husband or wife _____

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

7. Birth date of deceased August 16, 1942
(Month) / (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
				<u>5</u> hr. _____ min.

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

10. Usual occupation Nihil

11. Industry or business _____

MOTHER FATHER

12. Name Douglas N. Bindbuetel

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

14. Maiden name Ruth Francis Berkmeier

15. Birthplace St. Louis, Missouri
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Joseph F. Berkmeier

(b) Address 10 N. Barat, Ferguson, Mo.

17. (a) Burial (Burial, cremation, or removal)

(b) Date thereof 8/17/42
(Month) (Day) (Year)

(c) Place: burial or cremation Valhalla Cemetery

18. (a) Signature of funeral director J. M. White

(b) Address Ferguson, Mo.

19. (a) AUG 17 1942 (Date received local registrar)

(b) J. F. Prudek (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County St. Louis

(c) City or town Ferguson
(If outside city or town limits write "RURAL")

(d) Street No. 10 N. Barat Ave.
(If rural, give location)

(e) If foreign born, how long in U. S. A? 1 years

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month August day 16
year 1942 hour 4 minute A. M.

21. I hereby certify that I attended the deceased from August 15, 1942 to August 16, 1942, that I last saw him alive on August 16, 1942 and that death occurred on the date and hour stated above.

Immediate cause of death abacteria

Due to empyema

Due to 1612

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)

(b) Means of injury (C)

23. Signature Edward J. Prudek (M. D. or other) M.D.

Address 705-Old St. Date signed 8/17/42

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: *Larry M. White*

Licensed Embalmer No. *3973*

P. O. Address *Margison, S.W.*

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.