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

41863

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED JAN 15 1943

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No.

Registration District No. 784 Primary Registration District No. 300 Registrar's No. 2731

1. PLACE OF DEATH

(a) County ST LOUIS
(b) City or town ELLISVILLE, MO
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: KOPLEY NURSING 4 HOME
(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)

2. USUAL RESIDENCE OF DECEASED:

(a) State MO. (b) County St Louis 96 0
(c) City or town St LOUIS 0
(If outside city or town limits, write "RURAL")
(d) Street No. 5056 ENRIGHT AVE
(If rural, give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country 0

3. (a) PRINT FULL NAME MARTHA BYNUM.
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 2 WIDOW
6. (b) Name of husband or wife ROBERT BYNUM
6. (c) Age of husband or wife if alive years
7. Birth date of deceased JUNE (Month) 28 (Day) 1865 (Year)

8. AGE: Years 77 Months 5 Days 24 If less than one day hr. min.

9. Birthplace ILL. (City, town, or county) 1 (State or foreign country)
10. Usual occupation AT HOME
11. Industry or business
FATHER
12. Name ROBERT LONGTON
13. Birthplace ENGLAND (City, town, or county) 4 (State or foreign country)
MOTHER
14. Maiden name UNKOWN
15. Birthplace ENGLAND (City, town, or county) 4 (State or foreign country)
16. (a) Informant Mrs Bessie Hargis
(b) Address 5056 Enright Ave.
17. (a) (Burial, ~~cremation, or removal~~) (b) Date thereof 12-23-42 (Month) (Day) (Year)
(c) Place: burial or cremation Concordia Cem.
18. (a) Signature of funeral director L. Mullen Und Co.
(b) Address 5065 Delmar Bl.
19. (a) DEC 22 1942 (Date received local registrar) (b) E. G. McGovern Jr (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec day 21st year 1942 hour 8 minute 30 A M.
21. I hereby certify that I attended the deceased from Dec. 20 1942 to Mly 19 that I last saw her alive on Dec. 20 1942 and that death occurred on the date and hour stated above.

Immediate cause of death Rt. Hemiplegia — Duration 3 days
Due to Cerebral accident
Due to Hypertension
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? (Specify type of place)
While at work? (e) Means of injury
23. Signature S. G. Zingale (M. D. or other)
Address 3651 Grandel Sq Date signed 12/21/42

(Licensed Embalmer's Statement on Reverse Side)

Mr Jungen
3651 Landel St.

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 H G Farris

Licensed Embalmer No. 3384

P. O. Address St Louis

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.