

S. No. 2
M-5-42
5-17-39
1 X32873

State File No.

FILED MAR 30 1943

Registration District No. 1 2

Primary Registration District No. 1003

Registrar's No. 2709

1. PLACE OF DEATH:

(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:
Missouri Baptist Hospital
(If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution..... **3 days**
(Specify whether
 In this community..... **30 years**
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State..... **Missouri** (b) County.....
 (c) City or town..... **St. Louis,**
(If outside city or town limits, write "RURAL")
 (d) Street No. **4364 Hunt Avenue**
(If rural, give location)
 (e) Citizen of foreign country? **No** (Yes or No)
 If yes, name country.....

3. (a) PRINT FULL NAME **Miss Ursula Binder**
 (b) If veteran, name war..... (c) Social Security No.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **March** day **17**
 year **1943** hour **1** minute **00** P. M.

4. Sex **Female** 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 **March 10, 1913**
(Month) (Day) (Year)

I hereby certify that I attended the deceased from **March 14 1943** to **March 19 1943**
 that I last saw her alive on **March 17 1943**
 and that death occurred on the date and hour stated above.

8. AGE: Years **30** Months **0** Days **9** If less than one day
hr. min.

Immediate cause of death:
Renal nephrotic abscess
"Right"
 Duration **6 weeks**

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

Other conditions (Include pregnancy within 3 months of death):
Chronic Renal Pyelitis
Calculous

10. Usual occupation **At Home**

PHYSICIAN
 Underline the cause to which death should be charged statistically.

MOTHER FATHER
 11. Industry or business.....
 12. Name **Simon Binder**
 13. Birthplace **Germany**
(City, town, or county) (State or foreign country)
 14. Maiden name **Eva Bruckner**
 15. Birthplace **Germany**
(City, town, or county) (State or foreign country)

Major findings:
 Of operations.....
 Of autopsy.....

16. (a) Informant **Mrs. Anna Meyer**
 (b) Address **4364 Hunt Avenue**

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)

17. (a) **Burial** (b) Date thereof **March 22, 1943**
(Burial, cremation, or removal) (Month) (Day) (Year)
 (c) Place: burial or cremation **St. Paul's Churchyard**

While at work?.....
 (e) Means of injury.....
 Signature **J. F. Bruckner** M. D. or other.....
 Address **3601 Center Street** Date signed **3/29/43**
St. Louis, Mo.

18. (a) Signature of funeral director **Beiderwieden F. H. Inc.**
 (b) Address **1936 St. Louis Avenue**
 19. (a) **MAR 25 1943** (b) **J. F. Bruckner**
(Date received local registrar) (Registrar's signature)

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

Dr J. A. Gussakrentz
3601 Center Drive
Pine Lawn, Mo

7-8

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.....

J. A. Gussakrentz
.....
Licensed Embalmer No. *3737*

P. O. Address. *1936 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.