

FILED APR 3 1943

State File No.
Registrar's No. **2864**

Registration District No. **318** Primary Registration District No. **1003**

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:
5928 Kennerly Ave.,
(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 **17**
(c) City or town **St. Louis**
(If outside city or town limits, write "RURAL")
(d) Street No. **5928 Kennerly Ave.,**
(If rural, give location)
(e) Citizen of foreign country?..... (Yes or No)
If yes, name country.....

3. (a) PRINT FULL NAME **Henry H. Binger.**

3. (b) If veteran, name war **No** 3. (c) Social Security No. **None**

4. Sex **Male** 5. Color or race **White** 6. (a) Single, widowed, married, divorced, **Widowed**

6. (b) Name of husband or wife **Ida Binger** 6. (c) Age of husband or wife if alive..... years

7. Birth date of deceased **Aug. 9, 1863.**
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
79 7 15 hr. min.

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

10. Usual occupation **Retired**

11. Industry or business

12. Name **Herman Binger** 13. Birthplace **Germany**
(City, town, or county) (State or foreign country)

14. Maiden name **Elizabeth Rodifelt**

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

16. (a) Informant **Mrs. Ethel Myers**

(b) Address **5928 Kennerly Ave.,**

17. (a) **Burial:** (b) Date thereof **Mar. 27/43**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **St. Ferdinand Cem.,**

18. (a) Signature of funeral director **Jos. W. Clark**

(b) Address **1125 Hodiamont Ave.,**

19. (a) **MAR 25 1943** (b) **G. F. Fredick**
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **March** day **24**
year **1943** hour **7.55** minute **A.M.**

21. I hereby certify that I attended the deceased from **1-10** 19**35** to **3-24** 19**43**
that I last saw him alive on **3-24** 19**43**
and that death occurred on the date and hour stated above.

Immediate cause of death **Acute Myocarditis**

Due to **Arterio sclerosis**

Due to **Chr. Nephritis**

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations

Of autopsy

Duration

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?

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

23. Signature **G. F. Fredick M.D.** (M. D. or other)
Address **340 Bermuda Ave.** Date signed **3-25-43**

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

MOTHER FATHER

Dr. Geo. Kihkerfuss
Normandy, Mo.

8-10 am

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..... 
Licensed Embalmer No..... 3225
P. O. Address..... 1125 Hodiamont Ave.,

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.