. S. No. 2
OM—2-43
5-17-39
I X3569

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 15865

FILED JUN 4 1943 Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 4733

1. PLACE OF DEATH:

(a) County St. LOUIS
(b) City or town (If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: FIRMIN DESLOGE HOSPITAL 0 (If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 4 DAYS (Specify whether In this community years, months or days)

2. USUAL RESIDENCE OF DECEASED: D 00

(a) State MO. (b) County 17
(c) City or town ST. LOUIS 12 (If outside city or town limits, write "RURAL")
(d) Street No. 5474 DELMAR BLVD. (If rural, give location) 0
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME HELEN I. BINDNER

3. (b) If veteran, name war
3. (c) Social Security No.

4. Sex FEMALE 1
5. Color or race WHITE
6. (a) Single, widowed, married, divorced MARRIED 1
6. (b) Name of husband or wife EMIL G. BINDNER
6. (c) Age of husband or wife if alive 60 years
7. Birth date of deceased JUNE (Month) 1 (Day) 1883 (Year)

8. AGE: Years ~~58~~ 59 | Months 11 | Days 20 | If less than one day hr. min.

9. Birthplace ST. LOUIS (City, town, or county) MO. 0 (State or foreign country)
10. Usual occupation AT HOME
11. Industry or business

FATHER
12. Name JAMES LEONARD
13. Birthplace (City, town, or county) MO. 0 (State or foreign country)

MOTHER
14. Maiden name DONT KNOW
15. Birthplace (City, town, or county) DONT KNOW 0 (State or foreign country)

16. (a) Informant EMIL G. BINDNER
(b) Address 5474 DELMAR BLVD.
17. (a) BURIAL (Burial, cremation, or removal) (b) Date thereof 5-24-43 (Month) (Day) (Year)
(c) Place: burial or cremation CALVARY CEMETERY
18. (a) Signature of funeral director Arthur J Donnelly
(b) Address 3840 Lindell Blvd
19. (a) MAY 22 1943 (Date received local registrar) (b) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month MAY day 21 year 1943 hour 11 minute 30 M.
21. I hereby certify that I attended the deceased from 5/16/43, 19 to , 19 ; that I last saw her alive on 5/21/43, 19 ; and that death occurred on the date and hour stated above.

Immediate cause of death Acute cardiac failure
Acute dilitation of the stomach
Due to Acute intestinal obstruction
Due to Carcinoma of the sigmoid
Other conditions (Include pregnancy within 3 months of death) 46
Major findings: Of operations Carcinoma of the sigmoid with obstruction
Of autopsy none.

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

23. Signature Warren G Marston (M. D. or other)
Address 607- N Grand Date signed

(Licensed Embalmer's Statement on Reverse Side)

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 Stanley Marshall

Licensed Embalmer No. 2868

P. O. Address 3840 Lindell Blv

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.