V. S. No. 2
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ev. 5-17-39
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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 11006

Registration District No. FILED APR 27 1945 818 Primary Registration District No. 1003 Registrar's No. 3408

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: ~~[illegible]~~ De Gaul Hospital (If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 5 months (Specify whether

In this community years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Illinois (b) County Monroe 499

(c) City or town Waterloo (If outside city or town limits, write "RURAL") 11

(d) Street No. 3rd and Library (If rural, give location) N.R.

(e) Citizen of foreign country? No. 2 (Yes or No)

If yes, name country

3. (a) PRINT FULL NAME VIOLA A. BINDER

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 Single

6. (b) Name of husband or wife —

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

7. Birth date of deceased Oct. (Month) 31 (Day) 1895 (Year)

8. AGE: Years 49 | Months 5 | Days 12. | If less than one day hr. min.

9. Birthplace Waterloo (City, town, or county) Ill (State or foreign country) 1

10. Usual occupation Housework

11. Industry or business own home

FATHER
12. Name J. F. A. Binder
13. Birthplace Waterloo (City, town, or county) Ill (State or foreign country) 1

MOTHER
14. Maiden name Eliz Hergenroeder
15. Birthplace Waterloo (City, town, or county) Ill (State or foreign country) 1

16. (a) Informant J. F. W. Binder

(b) Address Waterloo, Ill.

17. (a) removal (Burial, cremation, or removal) (b) Date thereof 4-16-45 (Month) (Day) (Year)

(c) Place: burial or cremation Waterloo, Ill

18. (a) Signature of funeral director Aug M Wagner

(b) Address Waterloo, Ill.

19. (a) APR 17 1945 (Date received local registrar) (b) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. **DATE OF DEATH:** Month Apr. day 13 year 1945 hour 1 minute 5 p M.

21. I hereby certify that I attended the deceased from May 10, 1945, to Apr 13 —, 1945; that I last saw her alive on Apr 13 —, 1945 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Lung metastasis	
Due to Carcinoma Breast	
Due to Bone metastasis	
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations Ca Breast	
Of autopsy	

50

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 Edwin Clerust (M. D. or other)

Address 37 W Washington Date signed 4/14/45

(Licensed Embalmer's Statement on Reverse Side)

3408

3408

JUN 20 1945

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 Me, Registered Apprentice No., working under my personal supervision.

Signed Ben H. Balduin

Licensed Embalmer No. 2420

P. O. Address E. St Louis Ills

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.