

V. S. No. 2
100M-5-43
Rev. 5-17-39
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

31690

State File No.

Registrar's No. 8855

FILED OCT 23 1945
318

Registration District No.

Primary Registration District No.

1003

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

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-Pacific Hospital 0
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 12 Days
(Specify whether years, months or days)

In this community _____
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 000

(c) City or town St. Louis
(If outside city or town limits, write "RURAL") 2/17

(d) Street No. 4724 Milentz Ave
(If rural, give location) 9

(e) Citizen of foreign country? _____ (Yes or No) 0

If yes, name country _____

3. (a) PRINT FULL NAME Katherine 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 Married

6. (b) Name of husband or wife Joseph Binder

6. (c) Age of husband or wife if alive 55 years

7. Birth date of deceased July 20 1895
(Month) (Day) (Year)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month October day 11th
year 1945 hour 8 minute 55 P. M.

21. I hereby certify that I attended the deceased from October 1 1945 to October 11 1945
that I last saw her alive on October 11 1945
and that death occurred on the date and hour stated above.

8. AGE:

Years	Months	Days	If less than one day
<u>50</u>	<u>2</u>	<u>21</u>	hr. _____ min. <u>4</u>

9. Birthplace Austria-Hungary
(City, town, or county) (State or foreign country)

10. Usual occupation At Home

Immediate cause of death Pulmonary Embolism Duration 5 min

Due to Chronic myocarditis 1 yr.

Due to Diabetes mellitus 2 yr.

Other conditions Acute appendicitis 2 da.
(Include pregnancy within 3 months of death)

11. Industry or business _____

12. Name Matthew Aringer

13. Birthplace Austria-Hungary
(City, town, or county) (State or foreign country)

14. Maiden name Margaret Koch

15. Birthplace Austria-Hungary
(City, town, or county) (State or foreign country)

16. (a) Informant Joseph Binder

(b) Address 4724 Milentz Ave

17. (a) Burial (b) Date thereof Oct. 15 1945
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation New St. Peter and Paul's

18. (a) Signature of funeral director Gregg Hubert

(b) Address 6409 Gravois Ave

19. (a) OCT 15 1945 (b) J. F. Bruseck
(Date received for registration) (Registrar's signature)

Major findings: Acute gangrenous appendicitis

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? _____

While at work? _____ (Specify type of place)

(e) Means of injury _____

23. Signature James R. Plascovich (M. D. 0)
Address W. Pacific Hospital Date signed Oct. 11, 1945

(Licensed Embalmer's Statement on Reverse Side)

8855

8855

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 *Homer W. Juty*
Licensed Embalmer No. *3882*

P. O. Address.....

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.