

No. 27
-1747
-1739

Office of Vital Statistics
FILED JUN 14 1947
Registration District No. 318

Primary Registration District No. 1003

WRITE PLAINLY—USING 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: Hober C. Phillips Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 7 days
(Specify whether
In this community 20 years
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 000
(c) City or town St. Louis 17
(If outside city or town limits, write "RURAL")
2724 Sheridan 9
(d) Street No. 21 (If rural, give location) 0
(e) Citizen of foreign country? No (Yes or No)
If yes, name country.....

3. (a) PRINT FULL NAME Nick Bynum

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

4. Sex Male 2 5. Color or race Col 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 Aug. 22 1884
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
62 9 12 hr. min.

9. Birthplace Moscow, Kentucky
(City, town, or county) (State, or foreign country)
10. Usual occupation Unemployed

11. Industry or business.....
12. Name John Bynum
13. Birthplace Kentucky
(City, town, or county) (State, or foreign country)
14. Maiden name Abbegale
15. Birthplace Kentucky
(City, town, or county) (State, or foreign country)

16. (a) Informant Lester Bynum
(b) Address 3138 Washington
17. (a) Burial (b) Date thereof 6/10/47
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Washington Park

18. (a) Signature of funeral director Dement & Son
(b) Address 2629-31 Cole Street
19. (a) JUN 9 1947 (b) J. F. Budeck
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 4
year 1947 hour 3 minute 10 A. M.

21. I hereby certify that I attended the deceased from May 28 1947 to June 4 1947
that I last saw him alive on June 4 1947
and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral Hemorrhage
Duration Undet.
Due to.....
Due to.....
Other conditions None
(Include pregnancy within 3 months of death)

Major findings:
Of operations.....
Of autopsy No
PHYSICIAN
Underline the cause of 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?..... (2) Means of injury.....
23. Signature C. W. Williams (M. D. or other)
Address 2601 N. Whittier Date signed 6/16/47

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.....

W. Claude Gordon

Licensed Embalmer No.

3489

P. O. Address.....

4575 Aldine

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.

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUSTHE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATHState File No. *Jump*Registrar's No. *5676*Registration District No. *318*Primary Registration District No. *1003*

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:

(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution.....
(Specify whetherIn this community.....
years, months or days)3. (a) PRINT
FULL NAME *Nick Bynum*3. (b) If veteran,
name war.....3. (c) Social Security
No.....4. Sex *m* 5. Color or race *B* 6. (a) Single, widowed, married,
divorced *S*6. (b) Name of husband or wife..... 6. (c) Age of husband or wife if
alive..... year7. Birth date of deceased *aug 22*
(Month) (Day) (Year)8. AGE: Years Months Days If less than one day
62 9 hr. min.9. Birthplace.....
(City, town, or county) (State or foreign country)10. Usual occupation *unemployed*

11. Industry or business

12. Name

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

14. Maiden name

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

16. (a) Informant

(b) Address

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

(c) Place: burial or cremation.....

18. (a) Signature of funeral director.....

(b) Address

19. (a)..... (b) *J. F. Braden*
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State..... (b) County.....

(c) City or town.....
(If outside city or town limits, write "RURAL")(d) Street No.....
(If rural, give location)(e) Citizen of foreign country?..... (Yes or No)
If yes, name country.....

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month *January*
year *1942* hour..... minute..... M.21. I hereby certify that I attended the deceased from
to..... 19.....that I last saw him alive on..... 19.....
and that death occurred on the date and hour stated above.
Immediate cause of death.....

Duration

Due to.....

Due to.....

Other conditions.....
(Include pregnancy within 3 months of death)

Major findings:

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)
(c) Means of injury.....

23. Signature..... (M. D. or other)

Address..... Date signed.....

JUL 8 1942

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

S-18673

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