

1/47  
17.39

FILED JAN 22 1948  
378

Registration District No. 378

Primary Registration District No. 1003

Registrar's No. 381

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: Alexian Bro. Hospital  
(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)

3. (a) PRINT FULL NAME George William Binks

3. (b) If veteran, name war Boer War

3. (c) Social Security No. --

4. Sex Male 5. Color or race White

6. (a) Single, widowed, married, divorced Widowed

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

7. Birth date of deceased: October 24 1876  
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>71</u>	<u>2</u>	<u>17</u>	<u>3</u> hr. <u>33</u> min.

9. Birthplace: Scarborough, Yorkshire, England  
(City, town, or county) (State or foreign country)

10. Usual occupation: Construction Engineer

11. Industry or business: retired

12. Name: George William Binks

13. Birthplace: Scarborough, Yorkshire, England  
(City, town, or county) (State or foreign country)

14. Maiden name: Mary Elizabeth Patterson

15. Birthplace: Whitby, Yorkshire, England  
(City, town, or county) (State or foreign country)

16. (a) Informant: Mrs. Harry Schaefer

(b) Address: 1136 McCausland Ave., St. Louis

17. (a) Cremation (b) Date thereof: 1/11/48  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation: Oak Grove Chapel

18. (a) Signature of funeral director: Robert J. Ambruster

(b) Address: 6633 Clayton Rd., St. Louis 17, Mo.

19. (a) JAN 13 1948 (b) J. T. [Signature]  
(Date received local Registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State: Missouri (b) County.....

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

(d) Street No. 4 1136 McCausland Avenue  
(If rural, give location)

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

If yes, name country.....

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month January day 11  
year 1948 hour 3 minute 33 AM

21. I hereby certify that I attended the deceased from Aug 20  
1947 to Jan 11 1948  
that I last saw him alive on Jan - 10  
and that death occurred on the date and hour stated above.

Immediate cause of death: Myocardial Infarction

Due to.....

Due to.....

Other conditions: Angina pectoris  
(Include pregnancy within months of death)

Major findings:  
Of operations.....

Of autopsy.....

Duration: 10 yrs

PHYSICIAN: 2 Mrs

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?..... (a) Means of injury.....

23. Signature: [Signature] (M. D. ZOGREZ)  
Address: 3127a S. Grand Blvd. Date signed: 1-12-48

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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 \_\_\_\_\_

*Arnold W. Schoene*

Licensed Embalmer No. \_\_\_\_\_

*3864*

P. O. Address \_\_\_\_\_

*St. Louis, Mo.*

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.