FEDERAL SECURITY AGENCY
National Office of Vital Statistics
FILED SEP 7 1948 318
Registration District No.

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 1003

27517
State File No. 7512
Registrar's No.

1. PLACE OF DEATH:
(a) County
(b) City or town ST. LOUIS MO (If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: LUTHERAN HOSPITAL (If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 2 WEEKS (Specify whether years, months or days)
In this community

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. 2873a SHENANDOAH (If rural, give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME ANNA C. BINGHAM
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 MARCH (Month) 13 (Day) 1868 (Year)
8. AGE: Years 80 Months 5 Days 12 If less than one day ... hr. ... min.
9. Birthplace OHIO (City, town, or county) (State or foreign country)
10. Usual occupation AT. HOME
11. Industry or business
FATHER
12. Name JOHN N. BINGHAM
13. Birthplace ENGLAND (City, town, or county) (State or foreign country)
MOTHER
14. Maiden name MARY MAC DONALD
15. Birthplace UNKNOWN (City, town, or county) (State or foreign country)
16. (a) Informant CAROLINE M. BURKE
(b) Address 2873a SHENANDOAH
17. (a) BURIAL (Burial, cremation, or removal) (b) Date thereof AUG. 28 1948 (Month) (Day) (Year)
(c) Place: burial or cremation VANDALIA ILLINOIS
18. (a) Signature of funeral director Thos Kutis & Son
(b) Address 2906 GRAVOIS
19. (a) AUG 27 1948 (Date received by local registrar) (b) J. F. Bradeck (Registrar's signature)

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month AUG. day 25 year 1948 hour 4 minute 48 P. M.
21. I hereby certify that I attended the deceased from 8/7, 19..., to 8/25/48, 19...; that I last saw h— alive on 8/25, 19...; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Senility — Ch Nephritis	
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations	
Of autopsy	

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? (e) Means of injury
23. Signature R Berg (M. D. or other)
Address 3438 Grand
Date signed 8/26/48

Jefferson City Printing Co.
(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING PERMANENT BLACK INK—THIS IS A PERMANENT RECORD

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 C Hill

Licensed Embalmer No. 4347

P. O. Address 2906 Travis

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply wi
the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.