

FILED SEP 19 1949

STANDARD CERTIFICATE OF DEATH

State File No. 29293

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

BIRTH NO. _____ REG. DIST. NO. 42 PRIMARY REG. DIST. NO. 1000 Registrar's No. 993

1. PLACE OF DEATH a. COUNTY <u>Buchanan</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Buchanan</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>St. Joseph, Mo.</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>St. Joseph, Mo.</u>	
c. LENGTH OF STAY (In this place) <u>83 years</u>		d. STREET ADDRESS (If rural, give location) <u>621 Bon Ton Street</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>621 Bon Ton Street</u>		d. STREET ADDRESS (If rural, give location) <u>621 Bon Ton Street</u>	
3. NAME OF DECEASED (Type or Print) a. (First) <u>Sophia</u> b. (Middle) <u>Binz</u> c. (Last) <u>Binz</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>Sept. 13 1949</u>
5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED* (Specify) <u>Widowed</u>	8. DATE OF BIRTH <u>Sept. 3, 1866</u>
9. AGE (In years last birthday) <u>83</u>		10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>House Wife</u>	10b. KIND OF BUSINESS OR INDUSTRY _____
11. BIRTHPLACE (State or foreign country) <u>St. Joseph, Mo.</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
13a. FATHER'S NAME <u>John Raidt</u>		13b. MOTHER'S MAIDEN NAME <u>Catherine Beck</u>	
14. NAME OF HUSBAND OR WIFE <u>Fred</u>		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or date of service) <u>No</u>	
16. SOCIAL SECURITY NO. <u>None</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Mrs. Edna Mostyn</u> ADDRESS <u>621 Bon Ton Str.</u>	
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, ashenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Chronic Myocardial Insufficiency</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Chronic Arterio Sclerosis General</u> DUE TO (c) <u>✓</u> II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>✓</u>	
INTERVAL BETWEEN ONSET AND DEATH <u>July 1 - 1946</u>		19a. DATE OF OPERATION _____	
19b. MAJOR FINDINGS OF OPERATION _____		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify) _____		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) _____	
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) _____		21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min) _____	
21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? _____	
22. I hereby certify that I attended the deceased from <u>July 1, 1946</u> , to <u>Sept 13, 1949</u> , that I last saw the deceased alive on <u>Sept 12, 1949</u> , and that death occurred at <u>1:00 AM</u> , from the causes and on the date stated above.			
23a. SIGNATURE <u>Mustav J. Lau</u> (Degree or title) <u>M.D.</u>		23b. ADDRESS <u>Northwick Bldg. St. Joseph, Mo.</u>	
23c. DATE SIGNED <u>Sept 13 1949</u>		23d. DATE _____	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>9/15/1949</u>	
24c. NAME OF CEMETERY OR CREMATORY <u>Mt. Olivet Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>St. Joseph, Missouri</u>	
DATE REC'D BY LOCAL REG. <u>Sept 15, 1949</u>		REGISTRAR'S SIGNATURE <u>E. G. Jenkins</u> 382	
25. FUNERAL DIRECTOR'S SIGNATURE <u>Herman W. S. Soden</u>		ADDRESS <u>1802 Union St.</u>	

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 _____

working under my personal supervision.

Student
Student Embalmer

Student Embalmer No.

Signed *Robert H. Gable*

Licensed Embalmer No. *3308*

P. O. Address *St Joseph, 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.