

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

14046
3532

State File No. _____
Registrar's No. _____

FILED APR 25 1952

BIRTH NO. _____		REG. DIST. NO. 318		PRIMARY REG. DIST. NO. 1003		State File No. _____		Registrar's No. _____					
1. PLACE OF DEATH a. COUNTY _____				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY _____									
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis			c. LENGTH OF STAY (In this place) _____			c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis			2017				
d. FULL NAME OF HOSPITAL OR INSTITUTION 5232 Palm St				d. STREET ADDRESS (If rural, give location) 5232 Palm St									
3. NAME OF DECEASED (Type or Print) a. (First) Arthur			b. (Middle) John			c. (Last) Binkard			4. DATE OF DEATH (Month) (Day) (Year) April 13 1952				
5. SEX <input checked="" type="checkbox"/> Male		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married		8. DATE OF BIRTH August 3 1890		9. AGE (In years last birthday) 61		# UNDER 1 YEAR Months Days		# UNDER 2 HRS. Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Printer				10b. KIND OF BUSINESS OR INDUSTRY Barnard Printing				11. BIRTHPLACE (City and State or Foreign Country) St. Louis Mo		12. CITIZEN OF WHAT COUNTRY? U. S. A.			
13a. FATHER'S NAME John Binkard				13b. MOTHER'S MAIDEN NAME Fredericka Saal				14. NAME OF HUSBAND OR WIFE Alma M. Binkard					
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) no				16. SOCIAL SECURITY NO. NONE		17. INFORMANT'S SIGNATURE OR NAME Mrs Alma M. Binkard		ADDRESS 5232 Palm St					
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) <i>*This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.</i>		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cerebral Hemorrhage ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Chronic Nephritis DUE TO (c) My Peritonitis II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.								INTERVAL BETWEEN ONSET AND DEATH 1 day 3 1/2 3 1/2			
19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION _____						20. AUTOPSY? YES <input type="checkbox"/> NO <input 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) _____		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? 592X									
22. I hereby certify that I attended the deceased from 4/13 , 19 52 , to 4/13 , 19 52 , that I last saw the deceased alive on 4/12 , 19 52 , and that death occurred at 3:00 p.m., from the causes and on the date stated above.													
23a. SIGNATURE James A. Sullivan M.D.						(Degree or title)		23b. ADDRESS 2864th N. W. 11. W. 11. St. Louis Mo		23c. DATE SIGNED 4/14/52			
24a. BURIAL, CREMATION, REMOVAL (Specify) Removal		24b. DATE April 17 1952		24c. NAME OF CEMETERY OR CREMATORY St. Peter's Cemetery		24d. LOCATION (City, town, or county) (State) St. Louis Co Mo							
DATE REC'D BY LOCAL REG. APR 15 1952		REGISTRAR'S SIGNATURE J. Carl Smith M.D.				25. FUNERAL DIRECTOR'S SIGNATURE Calvin F. Futz		ADDRESS 4828 Nat. Bridge Bldg					

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

St. Louis City

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.....

..... Student Embalmer No.

working under my personal supervision.

Student
Student Embalmer

Signed *Ralph E. Linders*

Licensed Embalmer No. 4275

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.