

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

32747

LEO OCT 4 1952

State File No.

BIRTH NO.

REG. DIST. NO. 318

PRIMARY REG. DIST. NO. 1003

Registrar's No. 8834

1. PLACE OF DEATH
a. COUNTY

b. CITY: (If outside corporate limits, write RURAL and give township) OR TOWN **St. Louis,**

c. LENGTH OF STAY (in this place)

d. FULL NAME OF HOSPITAL OR INSTITUTION **3938a Michigan Ave.,**

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE **Missouri,** b. COUNTY

c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN **St. Louis,** **2249**

d. STREET ADDRESS (If rural, give location) **3938a Michigan Ave., 0**

3. NAME OF DECEASED (Type or Print)
a. (First) **Amelia** b. (Middle) **F.** c. (Last) **Binder,**

4. DATE OF DEATH (Month) (Day) (Year)
September 20, 1952.

5. SEX **Female,** 6. COLOR OR RACE **White,** 7. MARRIED, NEVER-MARRIED, WIDOWED, DIVORCED, **Married,**

8. DATE OF BIRTH **October 6, 1884** 9. AGE (In years last birthday) **67** IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) **At Home,** 10b. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country) **St. Louis, Missouri,** 12. CITIZEN OF WHAT COUNTRY? **U.S.A.**

13a. FATHER'S NAME **Gallus Toma,** 13b. MOTHER'S MAIDEN NAME **Verena Meyer,** 14. NAME OF HUSBAND OR WIFE **Anthony Binder, Jr.,**

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) **No** 16. SOCIAL SECURITY NO. 17. INFORMANT'S SIGNATURE OR NAME **Anthony Binder, 3938a Michigan Ave.,** ADDRESS

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, asphyxia, etc. It means the disease, injury, or complication which caused death.*

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) **Acute Coronary Occlusion**
Hypertensive C.D.R.,
Chronic
Morbidity conditions, if any, giving rise to the above cause (a), stating the underlying cause last.
DUE TO (b) **Diabetes**
DUE TO (c) **Arteriosclerosis**

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

INTERVAL BETWEEN ONSET AND DEATH
40 yr
7 years
4 years

19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION 20. AUTOPSY? YES NO

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 NOT WHILE AT WORK 21f. HOW DID INJURY OCCUR? **442X**

22. I hereby certify that I attended the deceased from **4-16 1949** to **9-20 1952**, that I last saw the deceased alive on **8-20, 1952**, and that death occurred at **5:10 A.M.**, from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) **William W. Forley M.D.** 23b. ADDRESS **309 So. Grand** 23c. DATE SIGNED **9-22-52**

24a. BURIAL, CREMATION, REMOVAL (Specify) **Burial,** 24b. DATE **9/23/52** 24c. NAME OF CEMETERY OR CREMATORY **SS. Peter & Paul Cemetery,** 24d. LOCATION (City, town, or county) (State) **St. Louis, Missouri,**

DATE REC'D BY LOCAL REG. **SEP 22 1952** REGISTRAR'S SIGNATURE **J. Cash Smith M.D.** 25. FUNERAL DIRECTOR'S SIGNATURE **Gebken-Benz Mortuary,** ADDRESS **2842 Meramec St., St. Louis, 18, Mo.**

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE 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 _____ **MS**

working under my personal supervision.

Student Embalmer No.

Signed _____

Licensed Embalmer No. 4249

Signed.....
Student Embalmer

P. O. Address 2842 Meramec St.,
St. Louis, 18, 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.