.S. No.300
EV. 10-48

FILED MAR 31 1953

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 11249

BIRTH NO. ______ REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003 Registrar's No. 2649

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

1. PLACE OF DEATH a. COUNTY	2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Mo b. COUNTY
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) St. Louis c. LENGTH OF STAY (in this place)	c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) St. Louis Mo 2119
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) 3900 W. Belle	d. STREET ADDRESS (If rural, give location) 3900 W. Belle

3. NAME OF DECEASED (Type or Print) a. (First) CLAUDE b. (Middle) CARLTON c. (Last) BINGHAM

4. DATE OF DEATH (Month) (Day) (Year) 3-9-53

5. SEX Male

6. COLOR OR RACE C

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married

8. DATE OF BIRTH 9-6-1892

9. AGE (In years last birthday) 60 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) Nil

10b. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (City and State or Foreign Country) Jackson Tenn.

12. CITIZEN OF WHAT COUNTRY?

13a. FATHER'S NAME Henry Bingham

13b. MOTHER'S MAIDEN NAME Elisabeth Weathers

14. NAME OF HUSBAND OR WIFE Bessie

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT'S SIGNATURE OR NAME Bessie Bingham ADDRESS 3900 W. Belle

MEDICAL CERTIFICATION

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

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Angina Pectoris INTERVAL BETWEEN ONSET AND DEATH [illegible]

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b) [illegible] [illegible]

DUE TO (c)

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

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) m.

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR? 4202

22. *I hereby certify that I attended the deceased from* [illegible], 19[illegible], *to* death, 19[illegible], *that I last saw the deceased alive on* [illegible], *and that death occurred at* [illegible] m. *from the causes and on the date stated above.*

23a. SIGNATURE [illegible] (Degree or title)

23b. ADDRESS 4730 Pope

23c. DATE SIGNED 9 May

24a. BURIAL, CREMATION, REMOVAL (Specify) Removal

24b. DATE 3-12-53

24c. NAME OF CEMETERY OR CREMATORY Washington Park

24d. LOCATION (City, town, or county) St. Louis County (State) Mo

DATE REC'D BY LOCAL REG. MAR 10 1953

REGISTRAR'S SIGNATURE J Carl Smith MD

25. FUNERAL DIRECTOR'S SIGNATURE Bennie Love ADDRESS 3103 Washington

m.B.

(Licensed Embalmer's Statement on Reverse Side)

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 W. Claude Gordon

Licensed Embalmer No. 3469

P. O. Address 4575 Aldin

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.