

## STANDARD CERTIFICATE OF DEATH

FILED SEP 21 1953

State File No. ....

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 162 PRIMARY REG. DIST. NO. 5394 Registrar's No. 76

1. PLACE OF DEATH a. COUNTY <u>JEFFERSON</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Mo.</u> b. COUNTY _____	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>RURAL-MERAMEC</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>St. Louis</u> <u>2249</u>	
c. LENGTH OF STAY (in this place) <u>14 DAYS</u>		d. STREET ADDRESS (If rural, give location) <u>3938 Michigan Ave.</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>St. Joseph's Hill Infirmary</u>			
3. NAME OF DECEASED (First) <u>ANTHONY</u> (Type or Print)		b. (Middle) <u>BINDER</u> c. (Last) <u>JR</u>	
4. DATE OF DEATH (Month) (Day) (Year) <u>SEPT. 6 1953</u>			
5. SEX <u>M</u>	6. COLOR OR RACE <u>W</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>WIDOWED</u>	8. DATE OF BIRTH <u>MARCH 14, 1883</u>
9. AGE (In years last birthday) <u>70</u>		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>RETIRED STREET CAR CONDUCTOR &amp; BOOKKEEPER</u>	11. BIRTHPLACE (State or foreign country) <u>St. Louis, Mo.</u>
12. CITIZEN OF WHAT COUNTRY? <u>U.S.A</u>			
13a. FATHER'S NAME <u>ANTHONY BINDER, Sr.</u>		13b. MOTHER'S MAIDEN NAME <u>ANNA MARIA KASTLER</u>	
14. NAME OF HUSBAND OR WIFE <u>Amelia Binder Deceased</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>UNKNOWN</u>		16. SOCIAL SECURITY NO. <u>492-74-52 NO. UNKNOWN 35</u>	
17. INFORMANT'S SIGNATURE OR NAME <u>Ruth Jirsa, c. 15 St. Joseph's Hill Infirmary</u>		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, ashenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* <u>BRONCHIOGENIC CARCINOMA &amp; EXTENSION INTO RT. LUNG &amp; MEDIASTINUM</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) <u>GENERALIZED SENILITY</u>	
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		INTERVAL BETWEEN ONSET AND DEATH _____	
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) <u>162X</u>	
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>7/23, 1953</u> , to <u>9/6, 1953</u> , that I last saw the deceased alive on <u>9/6, 1953</u> , and that death occurred at <u>11:30 p. m.</u> , from the causes and on the date stated above.			
23a. SIGNATURE <u>J.S. Wardlaw, M.D.</u> (Deedee or title)		23b. ADDRESS <u>4323 Roland Drive, No. 10</u>	
23c. DATE SIGNED <u>9/7/53</u>			
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>9/10/53</u>	24c. NAME OF CEMETERY OR CREMATORY <u>SS. Peter &amp; Paul Cemetery</u>	24d. LOCATION (City, town, or county) (State) <u>St. Louis, Missouri</u>
DATE REC'D BY LOCAL REG. <u>9-12-53</u>	REGISTRAR'S SIGNATURE <u>Ruth Jirsa</u> <u>438</u>	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Gebken-Benz Mortuary 2842 Meramec St. St. Louis 18 Missouri</u>	

(Licensed Embalmer's Statement on Reverse Side) St. Louis 18 Missouri

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

JEFFERSON COUNTY HEALTH DEPT.  
HILLSBORO, MISSOURI

SEP 22 1953

DATE RECEIVED

SEP 15 1953

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 \_\_\_\_\_ Me

.....  
working under my personal supervision.

Student Embalmer No. ....

Signed

*John E. Percy*

Signed.....  
Student Embalmer

Licensed Embalmer No. 4094

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

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.