

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **5999**  
Registrar's No. **1643**

FILED MAR 10 1955

BIRTH NO. **16848-55** REG. DIST. NO. **318** PRIMARY REG. DIST. NO. **1003**

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>Missouri</b>		b. COUNTY <b>St. Louis</b>		
b. CITY (If outside corporate limits, write RURAL and give townshp) OR TOWN <b>St. Louis</b>		c. LENGTH OF STAY (in this place) <b>1 day</b>		c. CITY OR TOWN <b>University City</b>		
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>De Paul Hospital</b>		d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>				
3. NAME OF DECEASED (Type or Print) a. (First) <b>Edward</b> b. (Middle) <b>Robert</b> c. (Last) <b>Binko</b>			4. DATE OF DEATH (Month) (Day) (Year) <b>Feb. 20, 1955</b>			
5. SEX <b>Male</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Never married</b>	8. DATE OF BIRTH <b>Feb. 19, 1955</b>	9. AGE (In years last birthday) <b>0</b>	10. UNDER 1 YEAR Months <b>0</b> Days <b>1</b>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>none</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>none</b>		11. BIRTHPLACE (City and State or Foreign Country) <b>St. Louis Mo.</b>		
12. CITIZEN OF WHAT COUNTRY? <b>Usa.</b>		13a. FATHER'S NAME <b>Henry Binko</b>		13b. MOTHER'S MAIDEN NAME <b>Helen Tinkham</b>		
14. NAME OF HUSBAND OR WIFE <b>none</b>		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>no</b>		16. SOCIAL SECURITY NO. <b>none</b>		
17. INFORMANT'S SIGNATURE OR NAME <b>Henry Binko</b>		ADDRESS <b>8354 Archer</b>				
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) <b>Atelctonia</b>  ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <b>Prematurity 28-30 weeks gestation</b> DUE TO (c)  II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			INTERVAL BETWEEN ONSET AND DEATH <b>18 hrs.</b>	
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)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? <b>7625</b>		
22. I hereby certify that I attended the deceased from <b>Feb 19, 1955</b> to <b>Feb 20, 1955</b> , that I last saw the deceased alive on <b>Feb 20, 1955</b> , and that death occurred at <b>6:57 a.m.</b> , from the causes and on the date stated above.						
23a. SIGNATURE <b>E. J. Beckwith M.D.</b>		23b. ADDRESS <b>320 Jester Bldg</b>		23c. DATE SIGNED <b>2-21-55</b>		
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>		24b. DATE <b>2/22/55</b>		24c. NAME OF CEMETERY OR CREMATORY <b>Calvary</b>		
24d. LOCATION (City, town, or county) (State) <b>St. Louis Mo.</b>		DATE REC'D BY LOCAL REG. <b>FEB 21 1955</b>				
REGISTRAR'S SIGNATURE <b>J. Earl Smith M.D.</b>		25. FUNERAL DIRECTOR'S SIGNATURE <b>Cullen Kelly</b>				
ADDRESS <b>7267 Natural Bridge</b>		m.f. 13. (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 Not Embalmed., Student Embalmer No. .... working under my personal supervision..

Student.....  
Signature of Student Embalmer

Signed..... James A. Lamm

Licensed Embalmer No. 46

P. O. Address H 20

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.