

FILED AUG 26 1955

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

27459

State File No. 6392

BIRTH NO. _____

REG. DIST. NO. 318

PRIMARY REG. DIST. NO. 1003

Registrar's No. _____

6392

1. PLACE OF DEATH a. COUNTY NO		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY St. Louis	
b. CITY (If outside corporate limits, write RURAL and give town or township) ST. LOUIS, MISSOURI		c. LENGTH OF STAY (in this place) 8 days	
d. TOWN NAME OF HOSPITAL OR INSTITUTION BARNES HOSPITAL		c. CITY OR TOWN Valley Park 761	
		d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input type="checkbox"/>	
		e. STREET ADDRESS (If rural, give location) 667 Meramec Sta. Road	
3. NAME OF DECEASED a. (First) BESSIE		b. (Middle) May	
		c. (Last) BINDNER	
		4. DATE OF DEATH (Month) (Day) (Year) JULY 23, 1955	
5. SEX FEMALE		6. COLOR OR RACE WHITE	
		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) MARRIED	
		8. DATE OF BIRTH 10 - 9 - 1896	
		9. AGE (In years last birthday) 58	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife		10b. KIND OF BUSINESS OR INDUSTRY At home	
		11. BIRTHPLACE (City and State or Foreign Country) St. Louis, Missouri	
		12. CITIZEN OF WHAT COUNTRY? USA	
13a. FATHER'S NAME Robert Morrison		13b. MOTHER'S MAIDEN NAME Margaret Mc Coy	
		14. NAME OF HUSBAND OR WIFE George E. Bindner	
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 Mr. Geo. E. Bindner, 667 Meramec Sta. Rd, Valley Park	
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.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Carcinomatosis, primary site undetermined	
		INTERVAL BETWEEN ONSET AND DEATH 12 to 18 Months	
		ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) 1999	
		II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Arteriosclerotic cardiovascular renal disease	
19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION _____	
		20. AUTOPSY? YES <input checked="" 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? _____	
22. I hereby certify that I attended the deceased from July 16, 1955 , to July 23, 1955 , that I last saw the deceased alive on July 23, 1955 , and that death occurred at 7:05 p. m. , from the causes and on the date stated above.			
23a. SIGNATURE F. E. Bradley		(Degree or title) M. D.	
		23b. ADDRESS BARNES HOSPITAL	
		23c. DATE SIGNED 7/24/55	
24a. BURIAL, CREMATION, REMOVAL (Specify) Removal		24b. DATE 7/26/55	
		24c. NAME OF CEMETERY OR CREMATORY Memorial Park Cem.	
		24d. LOCATION (City, town, or county) (State) St. Louis County, Mo.	
DATE REC'D BY LOCAL REG. JUL 25 1955		REGISTRAR'S SIGNATURE J. Earl Smith M.D.	
		25. FUNERAL DIRECTOR'S SIGNATURE Drehmann-Harral ADDRESS 1905 Union Blvd.	

S.P.

(Licensed Embalmer's Statement on Reverse Side)

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

0.300
0.48

7 10 20 11 10 12

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 _____
Signature of Student Embalmer

Signed *Warren A. Carver*

Licensed Embalmer No. *35*

P. O. Address _____

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.