

FILED NOV 18 1955

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **38018**
9670

BIRTH NO. _____ REG. DIST. NO. **318** PRIMARY REG. DIST. NO. **1003** Registrar's No. _____

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution; residence before admission). a. STATE MISSOURI b. COUNTY	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis		c. CITY OR TOWN St. Louis	
d. FULL NAME OF HOSPITAL OR INSTITUTION 3457a Arsenal Street		e. STREET ADDRESS (If rural, give location) 16 3457a Arsenal Street	
c. LENGTH OF STAY (in this place) 34 yrs		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) ALBERT b. (Middle) B. c. (Last) BINGENHEIMER			4. DATE OF DEATH (Month) (Day) (Year) November 4, 1955		
5. SEX male		6. COLOR OR RACE white		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) married	
8. DATE OF BIRTH Dec. 17, 1890		9. AGE (In years last birthday) 64		10. IF UNDER 1 YEAR (Months) (Days) IF UNDER 48 HRS. (Hours) (Min.)	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Clerk		10b. KIND OF BUSINESS OR INDUSTRY U. S. Post Office		11. BIRTHPLACE (City and State or Foreign Country) Jackson, Missouri	
12. CITIZEN OF WHAT COUNTRY? USA		13a. FATHER'S NAME Louis Bingenheimer		13b. MOTHER'S MAIDEN NAME Katherine Schrupf	
14. NAME OF HUSBAND OR WIFE Ada Bingenheimer		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) yes		16. SOCIAL SECURITY NO. None	
17. INFORMANT'S SIGNATURE OR NAME Ada Bingenheimer		18. ADDRESS 3457a Arsenal St.			

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				INTERVAL BETWEEN ONSET AND DEATH few hours	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Coronary thrombosis		DUE TO (b) arteriosclerotic heart disease				DUE TO (c)	
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.							
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		DUE TO (b) Ork				DUE TO (c) Jag in Zuerich	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION 420.0				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) (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 November 1955 , to November 1955 , that I last saw the deceased alive on November 4, 1955 , and that death occurred at 4:25 P.m. , from the causes and on the date stated above.					
23a. SIGNATURE (Degree or title) Maximilian Weitzman, M.D.		23b. ADDRESS 3530 ARSENAL, St. Louis		23c. DATE SIGNED 11-5-55	
24. BURIAL, CREMATION, REMOVAL (Specify) Removal		24b. DATE Nov. 8, 1955		24c. NAME OF CEMETERY OR CREMATORY Our Redeemer Cemetery	
24d. LOCATION (City, town, or county) (State) Affton, St. L. County, Mo.					

DATE REC'D BY LOCAL REG. NOV 7 1955		REGISTRAR'S SIGNATURE Carl Smith M.D.		25. FUNERAL DIRECTOR'S SIGNATURE BEIDERWIEDEN F.H. INC., 1936 St. Louis Ave.	
				ADDRESS	

(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 _____, Student Embalmer No. _____ working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed *David J. [Signature]*
.....

Licensed Embalmer No. *452*

P. O. Address *St. Louis*

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.