

FILED MAR 5 1956

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. ....

6140

1472

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 <b>Missouri</b> b. COUNTY	
b. CITY (If outside corporate limits, write RURAL and give town) <b>St. Louis</b>		c. LENGTH OF STAY (in this place)	c. CITY OR TOWN <b>St. Louis</b>
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>Lutheran Hospital</b>		e. STREET ADDRESS (If rural, give location) <b>3661 Lierman Ave.</b>	

3. NAME OF DECEASED (Type or Print) a. (First) <b>JOHN</b> b. (Middle) <b>H.</b> c. (Last) <b>BINDER</b>	4. DATE OF DEATH (Month) (Day) (Year) <b>February 9, 1956</b>
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5. SEX <b>Male</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Married</b>	8. DATE OF BIRTH <b>January 1, 1879</b>	9. AGE (In years last birthday) <b>77</b>	IF UNDER 1 YEAR Months	IF UNDER 24 HRS. Days	Hours	Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Night Watchman - Retired</b>	10b. KIND OF BUSINESS OR INDUSTRY <b>Colcord-Wright Co.</b>	11. BIRTHPLACE (City and State or Foreign Country) <b>Lawrenceburg, Tennessee</b>	12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>
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13a. FATHER'S NAME <b>Anton Binder</b>	13b. MOTHER'S MAIDEN NAME <b>Mary Kastler</b>	14. NAME OF HUSBAND OR WIFE <b>Mary M. Binder</b>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <b>Yes</b> (If yes, give year or date of service) <b>1905-1909</b>	16. SOCIAL SECURITY NO. <b>493-09-0524</b>	17. INFORMANT'S SIGNATURE OR NAME <b>Mary M. Binder</b>	ADDRESS <b>3661 Lierman Ave.,</b>
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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.	MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Carcinoma of pancreas with extensive metastasis</b>		INTERVAL BETWEEN ONSET AND DEATH
	ANTECEDENT CAUSES <b>extensive metastasis</b> Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <b>adhesive metastasis</b> <b>Duodenal Ulcer</b> DUE TO (c) <b>Duodenal ulcer</b>		
	II. OTHER SIGNIFICANT CONDITIONS <b>Lobar pneumonia</b> Conditions contributing to the death but not related to the disease or condition causing death. <b>Lobar pneumonia Fern</b>		

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION <b>157x</b>	20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>
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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)
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?
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22. I hereby certify that I attended the deceased from **Mar 6, 1956**, to **Feb 9, 1956**, that I last saw the deceased alive on **Feb 8, 1956**, and that death occurred at **3:35A m.**, from the causes and on the date stated above.

23a. SIGNATURE <b>H. J. Rudi</b> (Degree or title) <b>M.D.</b>	23b. ADDRESS <b>3532 Gravois</b>	23c. DATE SIGNED <b>2/10/56</b>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Removal</b>	24b. DATE <b>2/13/56</b>	24c. NAME OF CEMETERY OR CREMATORY <b>National Cemetery,</b>	24d. LOCATION (City, town, or county) (State) <b>Jefferson Barracks, Mo.</b>
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DATE REC'D BY LOCAL REG. <b>FEB 10 1956</b>	REGISTRAR'S SIGNATURE <b>Carl Smith</b>	25. FUNERAL DIRECTOR'S SIGNATURE <b>Gebken-Benz Mortuary</b>	ADDRESS <b>2842 Meramec St. St. Louis, 18, Mo.</b>
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(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 me....., Student Embalmer No..... working under my personal supervision..

Student.....  
Signature of Student Embalmer

Signed.....

*Joe B. Benz*  
Licensed Embalmer No... 4249...  
2842 Meramec  
P. O. Address .... St. Louis, Mo.

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.