

Health,
Welfare
Public
Service

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

59-002738

STATE FILE NUMBER

2 942

REC'D FEB 16 1959

Registration District No. _____

Primary Registration District No. _____

Registrar No. _____

300

-57

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A

1. PLACE OF DEATH a. COUNTY			2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <i>Mo.</i> b. COUNTY <i>St. Louis</i>		
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <i>St. Louis</i>		Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN <i>AFFTON 4810</i>		Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <i>St. ANTHONY'S HOSPITAL</i>		Length of stay in 1b	d. STREET ADDRESS (If outside, give location) <i>5611 WILLARD</i>		Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/>
3. NAME OF DECEASED (Type or print) First <i>LEVI</i> Middle <i>EDWARD</i> Last <i>BINGAMAN</i>			4. DATE OF DEATH Month <i>JAN</i> Day <i>25</i> Year <i>1959</i>		
5. SEX <i>MALE</i>	6. COLOR OR RACE <i>WHITE</i>	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <i>SEPT 23, 1910</i>	9. AGE (In years and months) <i>48</i> (at birthday)	IF UNDER 1 YEAR Months _____ Days _____
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>SUPERVISOR</i>		10b. KIND OF BUSINESS OR INDUSTRY <i>CARTER CARBURATOR</i>		11. BIRTHPLACE (City and state or country) <i>MARSHFIELD, MO.</i>	
12. CITIZEN OF WHAT COUNTRY? <i>USA</i>		13a. FATHER'S NAME <i>EDWARD BINGAMAN</i>		13b. MOTHER'S MAIDEN NAME <i>MATTIE PRITCHARD</i>	
14. NAME OF HUSBAND OR WIFE <i>EDNA</i>		15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give branch or type of service) <i>YES WW-11</i>		16. SOCIAL SECURITY NO. _____	
17. INFORMANT <i>EDNA BINGAMAN</i>		Address <i>5611 WILLARD</i>			
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <i>CARCINOMA OF RECTUM WITH METASTASES</i>					INTERVAL BETWEEN ONSET AND DEATH <i>UNKNOWN</i>
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. } DUE TO (b) _____ DUE TO (c) _____					
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <i>NONE</i>					
20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)			
20c. TIME OF INJURY Hour _____ a.m. _____ p.m.					
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		20f. CITY, TOWN, OR LOCATION COUNTY STATE	
21. I attended the deceased from <i>7-28-58</i> to <i>1-24-59</i> and last saw her/him alive on <i>1-24-59</i> Death occurred at <i>3:25A</i> m on the date stated above; and to the best of my knowledge, from the causes stated.					
22a. SIGNATURE <i>John Charles Daubek Jr MD</i> (Degree or title)			22b. ADDRESS <i>2767 Gravois St. Louis</i>		22c. DATE SIGNED <i>1-27-59</i>
23a. BURIAL, CREMATION, REMOVAL (Specify) <i>REMOVAL</i>		23b. DATE <i>1/28/1959</i>	23c. NAME OF CEMETERY OR CREMATORY <i>OUR REDEEMER CEM.</i>		23d. LOCATION (City, town, or county) (State) <i>St. Louis Co., Mo.</i>
24. FUNERAL DIRECTOR <i>J L ZIEGENHEIN & SONS 7027 GRAVOIS</i>			25. DATE RECD. BY LOCAL REG <i>JAN 27 '59</i>		26. REGISTRAR'S SIGNATURE <i>Carl Smith Mo</i>

(Licensed Embalmer's Statement on Reverse Side)

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

All diseases in Part I must be causally related.

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 *Donald E. Berg*

Licensed Embalmer No. *4963*
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.