

# MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

=62-048171

STATE FILE NUMBER

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 12565

DO NOT WRITE ON THIS STUB

AMENDED

VS 300  
Rev. 4/59

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DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS  
INSTEAD OF

SHOULD READ

ITEM NO.

USE BLACK INK OR TYPEWRITER RIBBON

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

1. PLACE OF DEATH a. COUNTY: _____		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE: <u>MISSOURI</u> b. COUNTY: <u>ST LOUIS</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN: <u>ST LOUIS</u>		Length of stay in 1b	c. CITY OR TOWN: <u>BRIDGETON</u>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION: <u>FAITH HOSPITAL</u>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location): <u>4321 GRUNDY</u>
3. NAME OF DECEASED (Type or print) First: <u>EDNA</u> Middle: <u>ESTHER</u> Last: <u>BINDER</u>		4. DATE OF DEATH Month: <u>DEC</u> , Day: <u>28</u> , Year: <u>1962</u>	
5. SEX: <u>FEMALE</u>	6. COLOR OR RACE: <u>WHITE</u>	7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH: <u>FEB. 8, 1885</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): <u>HOUSEWIFE</u>		10b. KIND OF BUSINESS OR INDUSTRY	9. AGE (last birthday): <u>77</u>
11. BIRTHPLACE (City and state or country): <u>ST LOUIS MISSOURI</u>		12. CITIZEN OF WHAT COUNTRY: <u>U.S.A.</u>	
13a. FATHER'S NAME: <u>JOSEPH BRANNAN</u>		13b. MOTHER'S MAIDEN NAME: <u>FANNIE HIGGINS</u>	
14. NAME OF HUSBAND OR WIFE: <u>FERDINAND H. BINDER</u>		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service): <u>NO</u>	
16. SOCIAL SECURITY NO.: <u>#</u>		17. INFORMANT: <u>RUSSELL A. BINDER</u> Address: <u>4321 GRUNDY BRIDGETON MO.</u>	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Cerebral Hemorrhage</u> DUE TO (b) <u>Hypertension and</u> DUE TO (c) <u>Congenital Heart Disease</u> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.			INTERVAL BETWEEN ONSET AND DEATH: <u>12/20/62</u>
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a): <u>443X</u>			PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unknown
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	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. Month, Day, Year _____		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 <u>3-13-48</u> to <u>12-28-62</u> and last saw her alive on <u>12-28-62</u> . Death occurred at: <u>4:30 a.m.</u> on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE (Degree or title): <u>Leon P. Harbo M.D.</u>		22b. ADDRESS: <u>6826 Natural Bridges</u>	
22c. DATE SIGNED: <u>12/29/62</u>		22d. SIGNATURE: <u>Leon Smith, M.D.</u>	
23a. BURIAL, CREMATION, REMOVAL (Specify): <u>BURIAL</u>		23b. DATE: <u>12/31/62</u>	
23c. NAME OF CEMETERY OR CREMATORY: <u>BELLEFONTAINE CEMETERY</u>		23d. LOCATION (City, town, or county): <u>ST LOUIS MISSOURI</u>	
24. FUNERAL DIRECTOR: <u>STROOT - CARROLL</u> ADDRESS: <u>4600 NATURAL BRIDGE</u>		25. DATE RECD. BY LOCAL REG.: <u>DEC 31 1962</u>	

*W. P. ...  
6876 Natl Bridge*

**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 M W Rueter

Licensed Embalmer No. 4865

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.