WRITE PLAINLY, WITH UNFADING INK--THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

Do not use this space.

42280

1. PLACE OF DEATH

County ..... Registration District No. 791

Township ..... Primary Registration District No. 1003

City St. Louis. (No. 3661 Liermann Ave. St. ..... Ward)

File No. .....

Registered No. 11410

2. FULL NAME Katherine Binder.

(a) Residence, No. 3661 Liermann Ave. St., 16 Ward.
(Usual place of abode) (If nonresident, give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)
Female	White	Married.

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF John H. Binder.

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Oct. 25, 1862.

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, ... hrs. or ..... min.
	70	1	26.	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. At home.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year) ..... 11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) St. Louis, Mo. 1

FATHER

13. NAME Anton B. Kuennen.

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Germany. 10

MOTHER

15. MAIDEN NAME Dont Know.

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Dont Know. 31

17. INFORMANT (ADDRESS) John H. Binder 3661 Liermann Ave.

18. BURIAL, CREMATION, OR REMOVAL

PLACE Calvary Cemetery DATE Dec. 24, 1932

19. UNDERTAKER (ADDRESS) J. N. Gebken L & U Co. 2842 Meramec St.

20. FILED DEC 23 1932 19 Max C Starkloff Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Dec 21, 1932

22. I HEREBY CERTIFY, That I attended deceased from Oct. 1st, 1932, to Dec - 21st, 1932

I last saw her alive on Dec - 20th, 1932. Death is said to have occurred on the date stated above, at 3:25 P. m.

The principal cause of death and related causes of importance were as follows:

Date of onset

Cirrhosis of Liver. 124B 127B 124 (B)

Other contributory causes of importance:

Congestion of Biliary Tract.

Name of operation None Date of —

What test confirmed diagnosis? X Ray Was there an autopsy? No.

23. If death was due to external causes (violence), fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 19....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....

If so, specify .....

(Signed) E. H. Wheeler, M. D.

(Address) 404 Frisco Bldg.