

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH **791**

Do not use this space.

AUG 18 1936

28433

1. PLACE OF DEATH

County.....
 Township.....
 City..... St. Louis (No.)

Registration District No. **1003**
 Primary Registration District No.
EnRoute to City Hospital #1

File No.
 Registered No. **7196**
 St. Ward)

2. FULL NAME John Binder

(a) Residence, No. 1617 A. Texas Ave St. 23 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 Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) September 25 1891

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.
44 9 18

OCCUPATION 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Window Washer
 9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Jos. Decaro Co.
 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) Germany

MOTHER 13. NAME Unknown

FATHER 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown

MOTHER 15. MAIDEN NAME Unknown

FATHER 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown

17. INFORMANT Tillie Binder (ADDRESS) 1617 A. Texas Ave

18. BURIAL, CREMATION, OR REMOVAL PLACE Mo. Crematory DATE July 15th 1936

19. UNDERTAKER Peeetz Brothers (ADDRESS) 3029 Lafayette

20. FILED JUL 14 1936

MEDICAL CERTIFICATE OF DEATH

No Physician in attendance

21. DATE OF DEATH (MONTH, DAY, AND YEAR) July 13th 1936

22. I HEREBY CERTIFY, That I attended deceased from 19....., to 19.....

I last saw h..... alive on..... p¹⁹..... Death is said to have occurred on the date stated above, at 1:45 m.

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

Fractures of Skull,
 Laceration of Brain, Fractures of Leg, nose and jaw, lacerations of body, received when he fell from scaffold while cleaning windows

Other contributory causes of importance: **ACCIDENT.**
 Name of operation..... Date of.....
 What test confirmed diagnosis?..... Was there an autopsy? **Yes.**

23. If death was due to external causes (violence), fill in also the following: Accident, suicide, or homicide? **Accid.** Date of injury 7/13, 1936
 Where did injury occur? St. Louis, Mo. (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. **In Industry**
 Manner of injury Fall from scaffold.
 Nature of injury Fractures of skull.

24. Was disease or injury in any way related to occupation of deceased? **Yes.**
 If so, specify Deceased was a window washer.

(Signed) J. F. Bredeck (Address) 114 1/2

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.

