DEC 3 1936

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

Do not use this space. 42632

1. PLACE OF DEATH

County ..... Registration District No. 791 ..... File No. .....

Township ..... Primary Registration District No. 003 ..... Registered No. 11140

City St. Louis (No. 5351 Delmar Blvd. St. ..... Ward)

2. FULL NAME George A. Bingham

(a) Residence, No. 5351 Delmar Blvd. St., 12 Ward. (If nonresident, give city or town and State)
(Usual place of abode)

Length of residence in city or town where death occurred yrs. 3 mos. 21 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)
Male	White	Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Bessie Barrett Bingham

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Feb. 9, 1873

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, ...hrs. or ....min.
	63	8	29	

OCCUPATION

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

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

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) Milwaukee, Wisconsin

FATHER

13. NAME John A. Bingham

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Rochester, N. Y

MOTHER

15. MAIDEN NAME Elizabeth Percy,

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Coalchester, Vt.

17. INFORMANT (ADDRESS) Mrs. Wilmoth Waller 5351 Delmar Ave.

18. BURIAL, CREMATION, OR REMOVAL

PLACE Independence Mo DATE Nov. 9 1936

19. UNDERTAKER (ADDRESS) Alexander & Sons 6776 Delmar Blvd

20. FILED NOV 9 1936 19 J. T. Bredeck Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Nov. 8, 1936

22. I HEREBY CERTIFY, That I attended deceased from July 17, 1936, to Nov. 8, 1936

I last saw him alive on Nov. 8, 1936 Death is said to have occurred on the date stated above, at 6:50p.m.

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

	Date of onset
Coronary Thrombosis	1 day
Other contributory causes of importance:	
Hypertension	1 yr.

Name of operation ..... Date of .....

What test confirmed diagnosis? Phy. Ex. 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? no

If so, specify .....

(Signed) Dolan Cameron, M. D.

(Address) 5082 N. Grand Blvd.

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.