

FEB 16 1938

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

4085
Do not use this space.

1. PLACE OF DEATH

(a) County St. Louis Registration District No. 96
 (b) Township Clayton Jefferson Primary Registration District No. _____
 (c) City Richmond Heights (d) Street No. St. Marys Hospital St. _____
 (If death occurred in hospital or institution, write its name instead of street and number)
 (e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME Fred Binsbacher 521

(a) Residence, No. 9616 Midland St. Overland, Mo.
 (Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

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 Gertrude Binsbacher		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Jan. 15-1872		
7. AGE YEARS 65	MONTHS 11	DAYS 17
If LESS than 1 day, hrs. or min.		
OCCUPATION	8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Track Foreman	
	9. Industry or business in which work was done, as saw mill, bank, etc. Public Service	
	10. Date deceased last worked at this occupation (month and year) 12/31/ 11. Total time (years) spent in this occupation 37 Yr	
FATHER	12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Sullivan, Mo.	
	13. NAME Unknown	
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown	
MOTHER	15. MAIDEN NAME Unknown	
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown	
17. INFORMANT Gertrude Binsbacher (ADDRESS) 9616 Midland Overland, Mo.		
18. BURIAL, CREMATION, OR REMOVAL PLACE ValHalla Cem DATE 1-4-37 19.		
19. FUNERAL DIRECTOR Baymann Bros. Inc. (ADDRESS) 2504 Woodson Rd - Overland, Mo.		
20. FILED 1-4 THEODORE P. MAHER, M.D., D.P.H. Local Registrar Deputy State Coroner		

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jan. 1 - 1938

22. I HEREBY CERTIFY that I attended deceased from _____, 19____, to _____, 19____.

I last saw h..... alive on _____, 19____. Death is said to have occurred on the date stated above, at 11:45 p.m.

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

Date of onset _____

Other contributory causes of importance: _____

Name of operation None Date of _____

What test confirmed diagnosis autopsy Was there an autopsy? Yes

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) John O. Connell M. D.
 (Address) Overland, St. Louis Co.

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

96
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STATEMENT BY LICENSED EMBALMER

I, Oscar J Mueller Licensed Embalmer No. 3039

hereby certify that the body recorded on the reverse side of this certificate was embalmed by me

L. E.

No. 3039 or by _____ Registered Apprentice No. _____

working under my personal supervision.

Signed Oscar J Mueller

Licensed Embalmer No. 3039

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply the above constitutes grounds for revocation of license.)