

REC'D JUN 9 1938

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

16256
Do not use this space.

1. PLACE OF DEATH
 (a) County..... 1 Registration District No..... 791
 (b) Township..... Primary Registration District No..... 1003
 (c) City..... St. Louis, Mo. (d) Street No..... 4030 Connecticut 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..... Jacob G. Bindel 5314
 (a) Residence, No. 3211 So. 7th Blvd. 1 St. 24 (If nonresident, give city or town and State)
 (Usual place of abode, if no street address, write county or city)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Single²

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) May 6, 1870

7. AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day, hrs. or min.
67	11	26		

OCCUPATION
 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Unemployed labore^r
 9. Industry or business in which work was done, as saw mill, bank, etc.
 10. Date deceased last worked at this occupation (month and year) 2-1921 11. Total time (years) spent in this occupation

FATHER
 12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Delphos Ohio
 13. NAME John Bindel
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Germany

MOTHER
 15. MAIDEN NAME Louise Allemeyer
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Germany

17. INFORMANT (ADDRESS) Herman Bindel 3136 Halliday
 18. BURIAL, CREMATION, OR REMOVAL PLACE West Side Cemetery Delphos, Ohio DATE May 6, 1938
 19. FUNERAL DIRECTOR: Beiderwieden F. Home, Inc. (ADDRESS) 1936 St. Louis Ave.
 20. FILED MAY - 4 1938 J.P. Bredeck Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) May 2, 1938

22. HEREBY CERTIFY, That I attended deceased from April 24th, 1938, to May 2nd, 1938
 I last saw him alive on May 2nd, 1938 Death is said to have occurred on the date stated above, at 9:40 pm
 The principal cause of death and related causes of importance were as follows:
 Carcinoma of Liver
 Other contributory causes of importance: H₂O
 Name of operation..... Date of.....
 What test confirmed diagnosis?..... 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 Paul B. Webb, M.D.
 (Address) 3467 Worganford Rd.

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.

STATEMENT BY LICENSED EMBALMER

I, *Gene Hays*, Licensed Embalmer No. *3737*
hereby certify that the body recorded on the reverse side of this certificate was embalmed by *me*
..... L. E.
No. or by Registered Apprentice No.
working under my personal supervision.
Signed *Gene Hays*
Licensed Embalmer No. *3737*

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.)