

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 791
CERTIFICATE OF DEATH

30696
Do not use this space.

1000

8133

1. PLACE OF DEATH

(a) County Registration District No.
(b) Township Primary Registration District No.
(c) City St. Louis (d) Street No. Deaconess Hospital Registered No.
(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

Eva Binder
(a) Residence, No. 4364 Hunt Ave. St. 18 (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female
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 Simon Binder
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Oct. 26, 1872
7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
66 10 17

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc.
9. Industry or business in which work was done, as saw mill, bank, etc. Housewife
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
13. NAME Joseph Brueckner
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Germany
15. MAIDEN NAME Ursuline Enk
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Germany

17. INFORMANT Simon Binder
(ADDRESS) 4364 Hunt Ave.
18. BURIAL, CREMATION, OR REMOVAL PLACE St. Paul's Churchyard 9-15 1938
19. FUNERAL DIRECTOR (NAME) (ADDRESS) Kriegshauser Mortuar 4104 Manchester Ave.

20. FILED SEP 14 1938 J. B. Brueckner Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Sept 12 - 1938
22. I HEREBY CERTIFY, That I attended deceased from August 29 1938 to Sept 12 1938
I last saw him alive on Sept 12 P. 1938 Death is said to have occurred on the date stated above, at 6 P. m.
The principal cause of death and related causes of importance were as follows:
Hypostatic Pneumonia Date of onset Aug 29 38
Bronchial.
Other contributory causes of importance:
Carcinoma of ovaries with diff. generalized metastasis
Name of operation Date of
What test confirmed diagnosis? Culture 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: Yes
Joseph Grosskreutz M. D.
(Address) 3601 Center Drive
St. Louis, Mo.

39th & Park
all afternoon

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,

....., or by

Registered Apprentice No., working under my personal supervision.

Signed

Reinhold K. Lohmann

Licensed Embalmer No.

3395

P. O. Address

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.)

If this body is not embalmed, above space should be left blank.