

REC'D APR 12 1939

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

791  
1003

8338

Do not use this space.

2103

## 1. PLACE OF DEATH

- (a) County..... Registration District No.....  
 (b) Township..... Primary Registration District No..... Registered No. **2103**  
 (c) City ST. LOUIS (d) Street No. ST ANTHONY 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

- 534**  
 (a) Residence, No. 6701 S. BROADWAY St. 1 (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 <u>FEMALE</u>	4. COLOR OR RACE <u>WHITE</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>WIDOWED</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>GEORGE BINDEL</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>APRIL 27 - 1876</u>		
7. AGE	YEARS <u>62</u>	MONTHS <u>10</u>
	DAYS <u>4</u>	If LESS than 1 day, ..... hrs. or ..... min.
OCCUPATION	8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. <u>HOUSEWIFE</u>	
	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)	11. Total time (years) spent in this occupation
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>GERMANY</u> <u>6</u>		
FATHER	13. NAME <u>AUG. GUENTHER</u> <u>6</u>	
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>GERMANY</u> <u>9</u>	
MOTHER	15. MAIDEN NAME <u>UNKNOWN</u>	
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>UNKNOWN</u>	
17. INFORMANT <u>CARL BORN</u> (ADDRESS) <u>6701 S. BROADWAY</u>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>ST. PAUL CHURCHYARD</u> DATE <u>FEB. 6</u> <u>1939</u>		
19. FUNERAL DIRECTOR (NAME) <u>JOS. P. FENDLER, JR.</u> (ADDRESS) <u>7129 MICHIGAN AV.</u>		
20. FILED <u>MAR 5 1939</u> <u>J. D. Brudick</u> Local Registrar		

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) March 3d, 1939

22. I HEREBY CERTIFY That I attended deceased from Dec 11th, 1937, to March 3d, 1939  
 I last saw her alive on March 3d, 1939 Death is said to have occurred on the date stated above, at 3:55 p.m.  
 The principal cause of death and related causes of importance were as follows:  
Acute Myocarditis  
Chronic Nephritis  
 Other contributory causes of importance:  
Chronic Pyelitis

Date of onset	<u>12/1/37</u>
	<u>12/1/37</u>
	<u>12/1/37</u>

Name of operation..... Date of.....  
 What test confirmed diagnosis?..... Was there an autopsy?.....

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 William F. McNamee, M. D.  
 (Signed) William F. McNamee  
 (Address) 5923 Virginia Ave

**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.....

Licensed Embalmer No. *925*

P. O. Address *ST LOUIS*

**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.**