

1939
 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.

Registration District No. 784

Primary Registration District No. 101

State File No. _____
 Registrar's No. 2046

1. PLACE OF DEATH:
 (a) County St. Louis
 (b) City or town Clayton
 (If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution: 6409 Clayton Rd.
 (If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution _____ (Specify whether)
 In this community 3 months
 years, months or days

3. (a) PRINT FULL NAME EDWARD LEE BINNS
 3. (b) If veteran, name war unknown
 3. (c) Social Security No. retired

4. Sex male
 5. Color or race white
 6. (a) Single, widowed, married, divorced married
 6. (b) Name of husband or wife Mary Binns
 6. (c) Age of husband or wife if alive 76 years
 7. Birth date of deceased November 20 1861
 (Month) (Day) (Year)

8. AGE: Years 78 Months 00 Days 1
 If less than one day _____ hr. _____ min.

9. Birthplace Richmond, Virginia
 (City, town, or county) (State or foreign country)
 10. Usual occupation iron worker

11. Industry or business _____
 MOTHER FATHER { 12. Name Unknown
 13. Birthplace _____
 14. Maiden name Matilda Brow
 15. Birthplace Virginia
 (City, town, or county) (State or foreign country)

16. (a) Informant's own signature Mary Binns
 (b) Address 6409 Clayton Rd.
 17. (a) burial (b) Date thereof 11/23/39
 (Burial, cremation, or removal) (Month) (Day) (Year)
 (c) Place: burial or cremation Owensboro, Kentucky

18. (a) Signature of funeral director Alexander & Sons
 (b) Address 6175 Delmar Blvd.
 19. (a) NOV 21 1939 (b) R. M. Meyer
 (Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:
 (a) State Kentucky (b) County _____
 (c) City or town Owensboro
 (If outside city or town limits, write "RURAL")
 (d) Street No. _____ (If rural, give location)
 (e) If foreign born, how long in U. S. A. ? _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov day 21
 year 1939 hour 10 minute 15 P.M.
 21. I hereby certify that I attended the deceased from 11-21
 _____, 1939, to _____, 19____;
 that I last saw him alive on 11-21, 1939; and that death occurred on the date and hour stated above.

Immediate cause of death Emphysema
exclusion

Due to _____
 Due to _____
 Other conditions _____
 (Include pregnancy within 3 months of death)

Major findings:
 Of operations _____
 Of autopsy _____

22. If death was due to external causes, fill in the following:
 (a) Accident, suicide, or homicide (specify) _____
 (b) Date of occurrence _____
 (c) Where did injury occur? _____ (City or town) (County) (State)
 (d) Did injury occur in or about home, on farm, in industrial place, in public place? _____

(Specify type of place)
 While at work? _____ Means of injury _____
 23. Signature John F. Dwyer (M.D. or other) _____
 Address 212 3rd Ave Date signed 11-21-39

Duration _____
 PHYSICIAN _____
 Underline the cause to which death should be charged statistically.

*Dr. Dryer
Humboldt along
T-6*

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.....
G. S. McCallister

Licensed Embalmer No. *2460*

P. O. Address *6775 Delmar*

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.