

S. No. 2
1-9-4-41
5-17-39
PI X29424

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

19382

FILE JUL 20 1942

791

1003

State File No.

5837

Registrar's No.

1. PLACE OF DEATH:

(a) County.....
(b) City or town..... St. Louis
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
Lutheran Hospital 0
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution..... 6 Months
(Specify whether
In this community.....
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State..... Illinois (b) County..... Madison 999
(c) City or town..... Alton NR0
(If outside city or town limits, write "RURAL")
(d) Street No. 708 Franklin St.
(If rural, give location)
(e) Citizen of foreign country?..... No (Yes or No)
If yes, name country..... 2

3. (a) PRINT FULL NAME..... Helen Bingenheimer

3. (b) If veteran, name war..... None 3. (c) Social Security No..... None

4. Sex..... Female / 5. Color or race..... White / 6. (a) Single, widowed, married, divorced..... Married
6. (b) Name of husband or wife..... John Bingenheimer 6. (c) Age of husband or wife if alive..... 75 years
7. Birth date of deceased..... May 7, 1869
(Month) (Day) (Year)

8. AGE: Years..... 73 Months..... 2 Days..... 0 If less than one day
hr. min.

9. Birthplace..... St. Louis Missouri
(City, town, or county) (State or foreign country)

10. Usual occupation..... Housewife

11. Industry or business..... Own Home

MOTHER FATHER { 12. Name..... Fritz Moeller
13. Birthplace..... Unknown Germany 4
(City, town, or county) (State or foreign country)
14. Maiden name..... Louisa Sewing
15. Birthplace..... Unknown Germany 4
(City, town, or county) (State or foreign country)

16. (a) Informant..... Concordia Steinbrueck
(b) Address..... 1022 Tremont St. Alton, Ill.

17. (a) Burial (b) Date thereof..... July 10, 1942
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place of burial or cremation..... Oakwood Cemetery, Alton, Illinois

18. (a) Signature of funeral director..... Robert H. Streaper
(b) Address..... 2521 Edwards St. Alton, Ill.

19. (a) JUL 9 1942 (Date received local registrar) J. F. Brudwick (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month..... July day..... 7
year..... 1942 hour..... 11 55 minute..... A M.

21. I hereby certify that I attended the deceased from..... 12/1/40
....., 19....., to..... 7/7/42....., 19.....
that I last saw him..... alive on..... 7/7/42....., 19.....
and that death occurred on the date and hour stated above.

Immediate cause of death..... Carcinoma of Rectum 3 years
Duration

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

Major findings: Carcinoma of Rectum
Of operations.....
Of autopsy..... None
PHYSICIAN
Underline the cause to which death should be charged statistically.

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?

While at work?..... (Specify type of place) Means of injury..... 0
23. Signature..... Geo. H. Daniel (M. D. or other) by D.
Address..... 3651 Grand St. Date signed..... 7/14/42

844 (Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

