S. No. 2
M—5-42
v. 5-17-39
I X32873

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI

# STANDARD CERTIFICATE OF DEATH

35192

State File No.

FILED DEC 1 1942

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 9734

**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:
5928 Kennerly Ave., /
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution (Specify whether
In this community
years, months or days)

**2. USUAL RESIDENCE OF DECEASED:**

(a) State Mo. (b) County 000

(c) City or town St. Louis 12
(If outside city or town limits, write "RURAL") 69

(d) Street No. 5928 Kennerly A ve.,
(If rural, give location)

(e) Citizen of foreign country? (Yes or No)
If yes, name country 0

3. (a) PRINT FULL NAME Liza I. Binger.

3. (b) If veteran, name war No

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 Henry H. Binger

6. (c) Age of husband or wife if alive 79 years

7. Birth date of deceased March 15, 1870.
(Month) (Day) (Year)

8. AGE:

| Years | Months | Days | If less than one day |
|---|---|---|---|
| 72 | 8 | 7 | hr. min. |

9. Birthplace Florissant, Missouri. 0
(City, town, or county) (State or foreign country)

10. Usual occupation Housewife

11. Industry or business

FATHER
12. Name Pascial Tesson
13. Birthplace Missouri 0
(City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Mary Washaw
15. Birthplace Missouri 0
(City, town, or county) (State or foreign country)

16. (a) Informant Ethel Myers
(b) Address 5928 Kennerly A ve.,

17. (a) Burial (b) Date thereof Nov. 2 5/42
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation St. Ferdinand Cem.,

18. (a) Signature of funeral director Jos. W. Clark
(b) Address 1125 Hodiamont Ave.,

19. (a) NOV 23 1942 (b) J F Bredeck
(Date received local registrar) (Registrar's signature)

**MEDICAL CERTIFICATION**

20. DATE OF DEATH: Month Nov. day 22
year 1942 hour 3.10 minute A.M. M.

21. I hereby certify that I attended the deceased from 6-15, 1938, to 11-22, 1942;
that I last saw her alive on 11-22, 1942
and that death occurred on the date and hour stated above.

| | Duration |
|---|---|
| Immediate cause of death Cerebral Thrombosis | 6 da. |
| Due to Arteriosclerosis | 10 yrs |
| Due to Diabetes Melitus | 15 yrs |
| Other conditions (Include pregnancy within 3 months of death) 61 | |
| Major findings: Of operations | |
| Of autopsy | |

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?
(Specify type of place)
While at work? (e) Means of injury

23. Signature Geo H Kennerfuss (M. D. or other) MD
Address 340 Bermuda Ave Date signed 11-23-42

(Licensed Embalmer's Statement on Reverse Side)

Dr. Geo. Klinkerfuss
Normandy, Mo.

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**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. 3225

P. O. Address 1125 Hodiamont

**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, fact should be so stated above.**