

FILED DEC 7 1942

Registration District No. 818

Primary Registration District No. 1003

Registrar's No. 9965

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

1. PLACE OF DEATH:

(a) County St. Louis.
(b) City or town St. Louis.
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
Missouri Baptist Hospital.
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 3 Weeks. (Specify whether
In this community 30 Years. years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County _____
(c) City or town St. Louis. (If outside city or town limits, write "RURAL")
(d) Street No. 4153 St. Louis. (If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME Rose Bingheim

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 Adolph Bingheim 6. (c) Age of husband or wife if alive 60 years

7. Birth date of deceased May 13 1884 (Month) (Day) (Year)

8. AGE: Years 58 Months 6 Days 15 If less than one day hr. min.

9. Birthplace Jefferson County, Missouri. (City, town, or county) (State or foreign country)

10. Usual occupation Housewife.

11. Industry or business _____

12. Name Jacob Schaeberger

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

14. Maiden name Mary Libbert

15. Birthplace Illinois. (City, town, or county) (State or foreign country)

16. (a) Informant Adolph Bingheim.

(b) Address 4153 St. Louis Ave.

17. (a) Burial (b) Date thereof 12-2-42. (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation New Pickers Cem.

18. (a) Signature of funeral director Hy. Leidner Und. Co.

(b) Address 2223 St. Louis Ave.

19. (a) NOV 30 1942 (Date received local registrar) (b) J. F. Budick (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month November day 28 year 1942 hour 11 minute 45 P. M.

21. I hereby certify that I attended the deceased from Sept. 1942 to Nov. 28, 1942, that I last saw him alive on Nov. 28, 1942, and that death occurred on the date and hour stated above.

Immediate cause of death Chr. Myocarditis with Chr. Parenchymatous Nephritis Duration _____

Due to _____

Due to _____

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

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) 2nd

(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) (e) Means of injury _____

23. Signature [Signature] (M. D. or other) _____

Address 4901 E. Easton Date signed 11/30/42

4951 Carter Blvd. 0105121
1-2:30 P.M. In 0084

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 Homer L. Ponder

Licensed Embalmer No. 3867

P. O. Address 2223 St. Louis ave.

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.