

V. S. No. 2
50M-5-42
Rev. 5-17-39
X 32873

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

38483

State File No.

FILED DEC 15 1942
Registration District No. 318

Primary Registration District No. 1003

Registrar's No. 10214

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

1. PLACE OF DEATH:

(a) County.....

(b) City or town..... St. Louis Mo.
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:
Permanently dead at City Hosp.
(If not in hospital or institution, write street number & location)

(d) Length of stay: In hospital or institution.....
In this community: 30 Years in ST. LOUIS. (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State..... Missouri (b) County..... 000

(c) City or town..... St. Louis 23 17 9
(If outside city or town limits, write "RURAL")

(d) Street No. 2419 Menard St.
(If rural, give location)

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

3. (a) PRINT FULL NAME ANNA BINDER

3. (b) If veteran, name war..... 3. (c) Social Security No.....

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec day 7th
year 1942 hour 10 30 A.M. M.

4. Sex Female / Color or race White / 5. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife..... Frank Binder 6. (c) Age of husband or wife if alive 44 years

7. Birth date of deceased..... Sept. 28 / 1902
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from..... 19..... to..... 19.....
that I last saw him..... alive on..... 19.....
and that death occurred on the date and hour stated above.....
Immediate cause of death.....

8. AGE: Years Months Days If less than one day

40 2 9 hr. min. 4

Due to.....
Due to Cerebral Apoplexy
Other conditions (Include pregnancy within 3 months of death).....
Major findings: Of operations.....
Of autopsy.....

9. Birthplace Hungary (City, town, or county) (State or foreign country)

10. Usual occupation At Home.

11. Industry or business House Wife.

12. Name John Michels

13. Birthplace Hungary (City, town, or county) (State or foreign country)

14. Maiden name Margaret Thas

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

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?

16. (a) Informant Frank Binder
(b) Address 2419 Menard St.

17. (a) Burial (b) Date thereof 10 Dec / 42
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation SUNSET PARK

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

23. Signature J. J. Brodeur (M. D. or other).....
Address 2906 Gra vois Ave Date signed 12/8/42

18. (a) Signature of funeral director Thos. Curtis & Son
(b) Address 2906 Gra vois Ave

19. (a) DEC 8 1942 (b) J. J. Brodeur
(Date received local registrar) (Registrar's signature)

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

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.....
H. S. Lutes

Licensed Embalmer No. *1619*

P. O. Address.....
5906 Garris

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.