

FILED JAN 14 1943
Registration District No. 318

Primary Registration District No. 1003

Registrar's No. 11094

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:
4107 Page Blvd. /
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution _____ (Specify whether)
20yrs.

In this community _____ 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. 4107 Page, Blvd.
(If rural, give location)

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

3. (a) PRINT FULL NAME George Bingham

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

4. Sex Male 5. Color or race Negro 6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Clara Bingham 6. (c) Age of husband or wife if alive 50 years

7. Birth date of deceased Dec. 29 1889
(Month) (Day) (Year)

8. AGE: Years 53 Months 0 Days 2 If less than one day hr. _____ min. _____

9. Birthplace Lake Providence Louisiana /
(City, town, or county) (State or foreign country)

10. Usual occupation Laborer (U. S. Gov. Dept.)

11. Industry or business _____

MOTHER FATHER { 12. Name Shepard Bingham

13. Birthplace Unknown Louisiana /
(City, town, or county) (State or foreign country)

14. Maiden name Mary

15. Birthplace Unknown Louisiana /
(City, town, or county) (State or foreign country)

16. (a) Informant (Mrs.) Clara Bingham

(b) Address 4107 Page Blvd.

17. (a) St. Louis, Mo (b) Date thereof 1-5-43
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Washington Park, Cem.

18. (a) Signature of funeral director People's Undertaking Co.

(b) Address 3100 Franklin Avenue

19. (a) DEC 31 1942 (b) J. F. Bredich
(Date received local registration) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 12 day 31st
year 1942 hour 10 minute 20 P. M.

21. I hereby certify that I attended the deceased from 10-29-42
_____ 19____, to Dec 31 19____
that I last saw him alive on Dec 31 19____
and that death occurred on the date and hour stated above.

Immediate cause of death: Myocardial Infarction

Due to: Coronary Artery Disease

Due to: Cholera

Other conditions: Cholera
(Include pregnancy within 3 months of death)

Major findings:
Of operations _____
Of autopsy _____

Duration _____

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 J. F. Bredich (M. D. or other) _____
Address Franklin Ave Date signed 1/4/43

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

Jatie Pettus
.....
Licensed Embalmer No. *24684*
.....
P. O. Address *St. Louis, Mo.*

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.