S. No. 2
OM—5-43
v. 5-17-39
I X36671

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED MAR 31 1947

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

1003

State File No. 10556

Registration District No. 318 Primary Registration District No. Registrar's No. 2787

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: 3850 Meramec St.
(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 Ood

(c) City or town St. Louis 1517
(If outside city or town limits, write "RURAL")

(d) Street No. 3850 Meramec St.
(If rural, give location)

(e) Citizen of foreign country? (Yes or No) 0

If yes, name country

3. (a) PRINT FULL NAME MARY A. BINZ

3. (b) If veteran, name war None

3. (c) Social Security No.

4. Sex Female

5. Color or race White

6. (a) Single, widowed, married, divorced Widow 2

6. (b) Name of husband or wife Late Frank K.

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

7. Birth date of deceased June (Month) 28 (Day) 1863 (Year)

8. AGE: Years 83 Months 8 Days ~~14~~ 16 If less than one day hr. min.

9. Birthplace St. Louis (City, town, or county) Mo. (State or foreign country) 6

10. Usual occupation Housework

11. Industry or business

FATHER
12. Name Louis Brockmann
13. Birthplace (City, town, or county) Germany 4 (State or foreign country)

MOTHER
14. Maiden name Unknown
15. Birthplace (City, town, or county) Germany 4 (State or foreign country)

16. (a) Informant John M. Binz
(b) Address 3850 Meramec St.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 3 (Month) 17 (Day) 47 (Year)
(c) Place: burial or cremation Old SS Peter&Paul Cem.

18. (a) Signature of funeral director Kriegshauser Und. Co.
(b) Address 4228 So. Kingshighway Bl.

19. (a) MAR 17 1947 (Date received local registrar) (b) J. F. Bredick (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 14
year 1947 hour 12:46 minute P.M.

21. I hereby certify that I attended the deceased from March 6, 1947, to March 14, 1947
that I last saw her alive on March 14, 1947
and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: acute Cardiac Collapse	
Due to Chr. Myocarditis Senility	years
Due to Chr. Hepatitis	years
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)
(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 0

23. Signature Dr. Leo Young (M. D. or other)
Address 2621 S. Jefferson Date signed 3/15/47

(Licensed Embalmer's Statement on Reverse Side)

2826

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 William O. White

Licensed Embalmer No. 4291

P. O. Address 4228 So. Kingshighway

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.