V. S. No. 2
50M—1/47
Rev. 5-17-39

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

MISSOURI DIVISION OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 35515

FILED NOV 7 1947

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 9925

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

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: 1908 Louisiana 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 Missouri (b) County 100

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

(d) Street No. 2907 Salema St. 9
(If rural, give location)

24

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

If yes, name country

3. (a) PRINT FULL NAME Mariah Caroline Bingaman

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 Widow 2

6. (b) Name of husband or wife James M. Bingaman

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

7. Birth date of deceased May (Month) 25 (Day) 1866 (Year)

8. AGE:

Years	Months	Days	If less than one day
81	5	0	hr. min.

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

10. Usual occupation Housewife

11. Industry or business

FATHER
12. Name Joshua Morris 9
13. Birthplace Unknown (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Martha Lorene Huff
15. Birthplace Unknown (City, town, or county) (State or foreign country) 9

16. (a) Informant Anna Tripp
(b) Address 1908 Louisiama Ave.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 10-29-47 (Month) (Day) (Year)
(c) Place: burial or cremation Van Buren, Mo.

18. (a) Signature of funeral director Albert H. Hoppe
(b) Address 4700 Washington Blvd.

OCT 27 1947

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

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct. day 25 year 1947 hour 10 minute 30 P.M.

21. I hereby certify that I attended the deceased from 10-21-47 19..., to 10-25-47 19...; that I last saw her alive on 10-24-47 19...; and that death occurred on the date and hour stated above.

Immediate cause of death Chr. myocarditis with Cardiac Failure

Due to

Due to

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

Major findings:
Of operations

Of autopsy

Duration

PHYSICIAN

Underline the cause of 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 James R. Meador (M. D. ~~or other~~)

Address 27 Central, Clayton Mo Date signed 10-27-47

Jefferson City Printing Co. (Licensed Embalmer's Statement on Reverse Side)

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 John L. Demeby

Licensed Embalmer No. 4194

P. O. Address.....

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.