No. 2
—1/47
5-17-39

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

FILED FEB 25 1948

Registration District No. 3

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 3069

State File No. 7287

Registrar's No. 392

1. PLACE OF DEATH:
(a) County: St. Louis
(b) City or town: Richmond Heights
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: St. Mary's Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution ..... (Specify whether years, months or days)
In this community .....

2. USUAL RESIDENCE OF DECEASED:
(a) State: Missouri (b) County: 96
(c) City or town: Clayton (If outside city or town limits, write "RURAL") 2
(d) Street No.: 7474 York Drive (If rural, give location) 3
(e) Citizen of foreign country? ..... (Yes or No) 1
If yes, name country .....

3. (a) PRINT FULL NAME: HYMAN ALEXANDER BINOWITZ
3. (b) If veteran, name war .....
3. (c) Social Security No. .....

4. Sex: Male
5. Color or race: White
6. (a) Single, widowed, married, divorced: Married
6. (b) Name of husband or wife: Estelle Binowitz
6. (c) Age of husband or wife if alive: 48 years
7. Birth date of deceased: Unknown (Month) (Day) (Year)

8. AGE: Years	Months	Days	If less than one day
About 53	-	-	..... hr. ..... min.

9. Birthplace: Poland (City, town, or county) (State or foreign country)
10. Usual occupation: Executive
11. Industry or business: Bee Hat Co.
FATHER
12. Name: Unknown
13. Birthplace: Poland (City, town, or county) (State or foreign country)
MOTHER
14. Maiden name: Unknown
15. Birthplace: Poland (City, town, or county) (State or foreign country)
16. (a) Informant: Estelle Binowitz
(b) Address: 7474 York Drive
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: 2-11-48 (Month) (Day) (Year)
(c) Place: burial or cremation: Chesed Shel Emeth Cem.
18. (a) Signature of funeral director: Herman Rudolph
(b) Address: 5216 Delmar Blvd.
19. (a) 2-11-48 (Date received local registrar) (b) Carl J. Stafford (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb. day 10 year 1948 hour 9 minute 00 A.M.
21. I hereby certify that I attended the deceased from Feb. 6th 1948 to Feb 10 1948 that I last saw him alive on Feb 10 1948 and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Posterior Myocardial Infarction	5 days
Due to: Arteriosclerosis	
Due to: 94	
Other conditions: None (Include pregnancy within 3 months of death)	
Major findings: Of operations: None	
Of autopsy: None	

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) 0
While at work? ..... (e) Means of injury .....
23. Signature: James B. Stubblefield (M. D. or other) MD
Address: 1284 Boland Pl. Richmond Hts. Date signed 2-10-48

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

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

MAR 18 1948

FEB 6 1950

FEB 26 1949

MAR 8 1948

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 Ketter.....

Licensed Embalmer No.....3880.....

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.