No. 2
-1-17
-17-39

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

FILED APR 12 1948

Registration District No. 318

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 1003

State File No. 9986

Registrar's No. 3257

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: St. Luke'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 000
(c) City or town St. Louis 17
(If outside city or town limits, write "RURAL")
(d) Street No. 1436 McCausland Avenue 7
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No) 0
If yes, name country

3. (a) PRINT FULL NAME Rose Binks
3. (b) If veteran, name war --
3. (c) Social Security No. 489-01-8263
4. Sex Female 1
5. Color or race White
6. (a) Single, widowed, married, divorced Single 0
6. (b) Name of husband or wife
6. (c) Age of husband or wife if alive years
7. Birth date of deceased July (Month) 26 (Day) 1880 (Year)
8. AGE: Years 67 Months 8 Days 6 If less than one day hr. min.
9. Birthplace Scarborough, Yorkshire, England (City, town, or county) (State or foreign country)
10. Usual occupation retired clerk
11. Industry or business Frisco R. R. Company
FATHER
12. Name George William Binks
13. Birthplace Scarborough, Yorkshire, England 4 (City, town, or county) (State or foreign country)
MOTHER
14. Maiden name Mary Elizabeth Patterson
15. Birthplace Whitly, Yorkshire, England 4 (City, town, or county) (State or foreign country)
16. (a) Informant Rosemary McMahon
(b) Address 7405 Canton Ave., St. Louis, Mo.
17. (a) burial (Burial, cremation, or removal) (b) Date thereof 4-5-48 (Month) (Day) (Year)
(c) Place: burial or cremation Lake Charles Cemetery
18. (a) Signature of funeral director Robert J. Ambruster
(b) Address 6633 Clayton Rd., St. Louis 17, Mo.
19. (a) APR 5 1948 (Date received local registrar) (b) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 2 year 1948 hour 6 minute 30 P.M.
21. I hereby certify that I attended the deceased from Dec 1, 1947 to April 2, 1948 that I last saw her alive on April 2, 1948 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Bacterial endocarditis	2 mo
Due to: Mitral valvular heart disease	4 years
Due to:	
Other conditions (Include pregnancy within 3 months of death):	
Major findings: Of operations:	
Of autopsy: Confirmed diagnosis	

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
23. Signature Lee W. Dean (M. D. or other)
Address 3720 Washington Blvd. Date signed 4/3/48
Lee W. Dean Jr.

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.....Ronald Yolinke.....

Licensed Embalmer No.....3917.....

P. O. Address.....St Louis.....

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.