FILED DEC 14 1949

No. 300
10.48

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

38521

State File No. 38521

BIRTH NO. _____ REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003 Registrar's No. 10487

1. PLACE OF DEATH
a. COUNTY
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): St. Louis
c. LENGTH OF STAY (In this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Mo. Baptist Hospital 3968 De Tonty

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Mo.
b. COUNTY: St. Louis
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): St. Louis
d. STREET ADDRESS (If rural, give location): 3968 De Tonty

3. NAME OF DECEASED (Type or Print): a. (First) Albert b. (Middle) H. c. (Last) Bintliff

4. DATE OF DEATH (Month) (Day) (Year): Dec. 3rd, 1949

5. SEX: Male

6. COLOR OR RACE: White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married

8. DATE OF BIRTH: Feb. 7th, 1878

9. AGE (In years last birthday): 71 — IF UNDER 1 YEAR: Months 9, Days 26 — IF UNDER 24 HRS.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Recheck Clerk

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Mound City, Ill

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13a. FATHER'S NAME: Edwin Bintliff

13b. MOTHER'S MAIDEN NAME: Annie Holms

14. NAME OF HUSBAND OR WIFE: Fannie Bintliff

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no (If yes, give war or dates of service):

16. SOCIAL SECURITY NO.:

17. INFORMANT'S SIGNATURE OR NAME AND ADDRESS: Fannie Bintliff 3968 De Tonty St. Louis, Mo.

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cancer of floor of Mouth — INTERVAL BETWEEN ONSET AND DEATH: 14 mo

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) none
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. metastases to Pleura — 4 mo

19a. DATE OF OPERATION: 1948

19b. MAJOR FINDINGS OF OPERATION: cancer floor of mouth

20. AUTOPSY? YES ☐ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify):

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Jan 10-48 *19*48 *to* Dec 3 *19*49, *that I last saw the deceased alive on* Dec 2, *19*49, *and that death occurred at* A.M. *m., from the causes and on the date stated above.*

23a. SIGNATURE: D. J. Verda M.D. (Degree or title)

23b. ADDRESS: Lister Bldg St Louis

23c. DATE SIGNED: 12-5-49

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial

24b. DATE: 12/6/49

24c. NAME OF CEMETERY OR CREMATORY: Oak Hill Cem.

24d. LOCATION (City, town, or county) (State): St. Louis Co. Mo.

DATE REC'D BY LOCAL REG. DEC 6 1949

REGISTRAR'S SIGNATURE: J. B. Fassler

25. FUNERAL DIRECTOR'S SIGNATURE AND ADDRESS: Jay B. Smith 7456 Manchester Rd. Maplewood, Mo.

(Licensed Embalmer's Statement on Reverse Side)

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

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.....

....., Student Embalmer No. .....

working under my personal supervision.

Student .....
Student Embalmer

Signed W P Burgess

Licensed Embalmer No. 4029

P. O. Address Maplewood

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply wit the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.