

FILED MAY 27 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATHState File No. 12984
4518

BIRTH NO. _____		REG. DIST. NO. 318		PRIMARY REG. DIST. NO. 1003		Registrar's No. _____		
1. PLACE OF DEATH a. COUNTY _____				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY _____				
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis, Mo		c. LENGTH OF STAY (in this place) _____		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis,		2179		
d. FULL NAME OF HOSPITAL OR INSTITUTION Homer G Phillips Hospital				17. STREET ADDRESS (If rural, give location) 4419 Garfield Ave. 2179 6				
3. NAME OF DECEASED (Type or Print) Clarence			a. (First)		b. (Middle) Binns		c. (Last)	
4. DATE OF DEATH		Month		Day		Year		
May		21		1950				
5. SEX Male ✓		6. COLOR OR RACE Negro		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widow ✓		8. DATE OF BIRTH May 24, 1897		
9. AGE (In years last birthday) 52		IF UNDER 1 YEAR Months		IF UNDER 1 YEAR Days		IF UNDER 1 MIN. Hours		
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Porter				10b. KIND OF BUSINESS OR INDUSTRY Wagner Elec. Co		11. BIRTHPLACE (State or foreign country) Warren, Arkansas		
12. CITIZEN OF WHAT COUNTRY? U.S.A.								
13a. FATHER'S NAME Unknown			13b. MOTHER'S MAIDEN NAME Unknown			14. NAME OF HUSBAND OR WIFE Dead		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No		(If yes, give war or dates of service) None		16. SOCIAL SECURITY NO. 722-07-0504		17. INFORMANT'S SIGNATURE OR NAME Bennie Binn 4419 Garfield Ave		
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)				MEDICAL CERTIFICATION				
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Carcinoma of Liver				INTERVAL BETWEEN ONSET AND DEATH Undet.				
*This does not mean the mode of dying, such as heart failure, ashenia, etc. It means the disease, injury, or complication which caused death.				II. OTHER SIGNIFICANT CONDITIONS				
ANTECEDENT CAUSES				DUE TO (b) Undetermined				
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.				DUE TO (c) _____				
II. OTHER SIGNIFICANT CONDITIONS				Conditions contributing to the death but not related to the disease or condition causing death.				
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION						
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>								
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)		21f. HOW DID INJURY OCCUR 156A		
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>						
22. I hereby certify that I attended the deceased from 4-29, 1950, to 5-21, 1950, that I last saw the deceased alive on 5-21, 1950, and that death occurred at 9:15 a. m., from the causes and on the date stated above.								
23a. SIGNATURE James J. Hedrick M. D. O				23b. ADDRESS 2601 N Whittier St.		23c. DATE SIGNED 5-22-50		
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 5/25/50		24c. NAME OF CEMETERY OR CREMATORY Washington Park		24d. LOCATION (City, town, or county) (State) St. Louis, Mo.		
DATE REC'D BY LOCAL REG. MAY 22 1950		REGISTRAR'S SIGNATURE J B Roberts		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS C.W. Roberts 1416 N. Taylor Ave				

(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.....

.....
working under my personal supervision.

Student Embalmer No.

Signed.....

Annie Roberts

Signed.....
Student Embalmer

Licensed Embalmer No. *4439*

P. O. Address *1416 N. Taylor*

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.