

FILED OCT 18 1950

STANDARD CERTIFICATE OF DEATH

State File No. 34591  
8311

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 318 PRIMARY REG. DIST. 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, Missouri.		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis, 2169	
d. FULL NAME OF HOSPITAL OR INSTITUTION City Hospital.		d. STREET ADDRESS (If rural, give location) 16 3135a Lackland Ave., 0	

3. NAME OF DECEASED (Type or Print) a. (First) George b. (Middle) J. c. (Last) Binz.			4. DATE OF DEATH (Month) (Day) (Year) Oct, 1, 1950.			
5. SEX 0 Male.	6. COLOR OR RACE White.	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married.	8. DATE OF BIRTH Sep't 8, 1886.	9. AGE (In years last birthday) 64.	IF UNDER 1 YEAR Months Days	IF UNDER 4 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Missouri Insurance Co. Agent,		10b. KIND OF BUSINESS OR INDUSTRY _____		11. BIRTHPLACE (State or foreign country) Germany, 4		12. CITIZEN OF WHAT COUNTRY? U.S.A.

13a. FATHER'S NAME Karl Binz.		13b. MOTHER'S MAIDEN NAME Elizabeth (Unknown).		14. NAME OF HUSBAND OR WIFE Anna Binz.	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No.		16. SOCIAL SECURITY NO. 493-07-7325		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Anna Binz, 3135a Lackland Ave.	

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c))		MEDICAL CERTIFICATION			INTERVAL BETWEEN ONSET AND DEATH
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Tr of skull, Brain Injury		ANTECEDENT CAUSES suffered when struck by automobile driven by one E. D. Sturdivant (col), in front of about 1408 So Vandewater			DUE TO (b) drunk 127 pm Sept 30
*This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.		II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. 1950 Pending			DUE TO (c) _____
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION Accident			20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>

21a. ACCIDENT SUICIDE OR HOMICIDE (Specify) Accident		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) Street		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) St. Louis Mo. 4	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) Sept 30 50 9:21			21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR 68125.

22. I hereby certify that I attended the deceased from \_\_\_\_\_, 19\_\_\_\_, to \_\_\_\_\_, 19\_\_\_\_, that I last saw the deceased alive on \_\_\_\_\_, 19\_\_\_\_ and that death occurred at 830A m., from the causes and on the date stated above.

23a. SIGNATURE (Signature) _____		23b. ADDRESS 1300 Clark		23c. DATE SIGNED 10/2/50	
24a. BURIAL OR CREMATION (Specify) Cremation.		24b. DATE 10/3/50.		24c. NAME OF CEMETERY OR CREMATORY Valhalla Crematory.	
24d. LOCATION (City, town, or county) (State) 7600 St. Charles Road.					

DATE REC'D BY LOCAL REG. OCT 2 1950		REGISTRAR'S SIGNATURE J. B. Pascoe		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS C.R. Lupton & Sons, 7233 Delmar Blv'd.,	
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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

*Arnold W. Schoene*

Signed.....  
Student Embalmer

Licensed Embalmer No. *3864*

P. O. Address *St. Louis, Mo.*

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.