

FILED JAN 18 1955

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **43440**

|   |                               |   |  |  |  |  |                                  |
|---|-------------------------------|---|--|--|--|--|----------------------------------|
| BIRTH NO. <b>96310-54</b>   |                               | REG. DIST. NO. <b>318</b>   |  | PRIMARY REG. DIST. NO. <b>1003</b>   |  | Registrar's No. <b>12013</b>   |                                  |
| 1. PLACE OF DEATH<br>a. COUNTY  |                               |   |  | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).<br>a. STATE <b>Missouri</b> b. COUNTY |  |  |                                  |
| b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>St Louis</b>  |                               | c. LENGTH OF STAY (in this place)   |  | c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>St Louis</b>                                 |  | <b>2259</b>  |                                  |
| d. FULL NAME OF HOSPITAL OR INSTITUTION <b>Saint Louis Maternity.</b>   |                               |   |  | d. STREET ADDRESS (If rural, give location) <b>25 1716 Carver Lane</b>   |  |  |                                  |
| 3. NAME OF DECEASED (Type or Print)<br>a. (First) b. (Middle) c. (Last)<br><b>Bingham</b>   |                               |   | 4. DATE OF DEATH (Month) (Day) (Year)<br><b>December 21 1954</b> |  |  |  |                                  |
| 5. SEX <b>Male</b>  | 6. COLOR OR RACE <b>Negro</b> | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)  |  | 8. DATE OF BIRTH <b>December 21 1954</b>   | 9. AGE (In years last birthday) IF UNDER 1 YEAR: Months Days <b>6 35</b> |  | IF UNDER 1 YEAR: Months Days     |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)   |                               | 10b. KIND OF BUSINESS OR INDUSTRY   |  | 11. BIRTHPLACE (City and State or Foreign Country) <b>St Louis Missouri</b>  |  | 12. CITIZEN OF WHAT COUNTRY?   |                                  |
| 13a. FATHER'S NAME  |                               |   | 13b. MOTHER'S MAIDEN NAME <b>Charlene Rosetta Perry</b>          |  | 14. NAME OF HUSBAND OR WIFE  |  |                                  |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)  |                               | 16. SOCIAL SECURITY NO.   |  | 17. INFORMANT'S SIGNATURE OR NAME <b>Charlene Rosetta Bingham</b>  |  | ADDRESS <b>above</b>   |                                  |
| 18. CAUSE OF DEATH<br>Enter only one cause per line for (a), (b), and (c)<br><br><i>*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.</i>                          |                               | MEDICAL CERTIFICATION<br>I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>not determined, asphyxia</b><br><br>ANTECEDENT CAUSES<br>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.<br>DUE TO (b) <b>none</b><br>DUE TO (c) <b>none</b><br><br>II. OTHER SIGNIFICANT CONDITIONS<br>Conditions contributing to the death but not related to the disease or condition causing death. <b>none</b> |  |  |  |  | INTERVAL BETWEEN ONSET AND DEATH |
| 19a. DATE OF OPERATION  |                               | 19b. MAJOR FINDINGS OF OPERATION <b>Normal vaginal delivery</b>   |  |  |  | 20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> |                                  |
| 21a. ACCIDENT SUICIDE HOMICIDE (Specify)  |                               | 21b. PLACE OF INJURY (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)                                  |                                  |
| 21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>  |                               | 21f. HOW DID INJURY OCCUR?  |  |  |  |  |                                  |
| 22. I hereby certify that I attended the deceased from <b>Dec 21, 1954</b> , to <b>Dec 23, 1954</b> , that I last saw the deceased alive on <b>Dec 21, 1954</b> , and that death occurred at <b>11:15 Pm.</b> , from the causes and on the date stated above. |                               |   |  |  |  |  |                                  |
| 23a. SIGNATURE (Degree or title) <b>Ch. H. ...</b>  |                               |   |  | 23b. ADDRESS <b>6305. Kingshighway</b>   |  | 23c. DATE SIGNED <b>12-31-54</b>   |                                  |
| 24a. BURIAL, CREMATION, REMOVAL (Specify)   |                               | 24b. DATE <b>1-31-55</b>  |  | 24c. NAME OF CEMETERY OR CREMATORY <b>Anatomical Board</b>   |  | 24d. LOCATION (City, town, or county) (State) <b>St. Louis, Mo.</b>              |                                  |
| DATE REC'D BY LOCAL REG. <b>JAN 5 1955</b>  |                               | REGISTRAR'S SIGNATURE <b>Charles Smith MD</b>   |  | 25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <b>Rawland - Akar 4104 Manchester</b>   |  |  |                                  |

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

(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 \_\_\_\_\_

Student Embalmer No. \_\_\_\_\_

working under my personal supervision.

Student .....  
Student Embalmer

Signed \_\_\_\_\_

Licensed Embalmer No. \_\_\_\_\_

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.