

AMENDED
 DATE AMENDED 3/6/61
 INSTEAD OF Elmer Binkholder 3027 Smiley Rd.
 DOCUMENT
 MEDICAL CERTIFICATION
 SHOULD READ Elmer Klusmeyer 3037 Smiley Rd.
 BY AFFIDAVIT OF Informant
 ITEM NO. 13
 17

1. PLACE OF DEATH a. COUNTY				2. USUAL RESIDENCE (Where deceased lived. If institution; Residence before admission)			
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN St. Louis				Length of stay in 1b 6 Days		c. CITY OR TOWN Bridgeton	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION De Paul Hospital				Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		d. STREET ADDRESS (If outside, give location) 3027 Smiley Rd.	
3. NAME OF DECEASED (Type or print) First Middle Last Bonnie K. Binkholder				4. DATE OF DEATH Month Day Year Jan. 23, 1961			
5. SEX Female		6. COLOR OR RACE White		7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>		8. DATE OF BIRTH 9/11/1931	
9. AGE (last birthday) 29		IF UNDER 1 YEAR Months Days Hours Min.		11. BIRTHPLACE (City and state or country) Gerald Missouri		12. CITIZEN OF WHAT COUNTRY U.S.A.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) At Home				10b. KIND OF BUSINESS OR INDUSTRY At Home		11. BIRTHPLACE (City and state or country) Gerald Missouri	
13a. FATHER'S NAME Elmer Binkholder Klusmeyer				13b. MOTHER'S MAIDEN NAME Esther Biermann		14. NAME OF HUSBAND OR WIFE Carrold E. Binkholder	
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. No		17. INFORMANT Carrold E. Binkholder 3027 Smiley Rd	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <i>Chronic Glomerulonephritis</i> DUE TO (b) <i>Uremia</i> DUE TO (c) <i>592x</i> PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unknown							
19. WAS AUTOPSY PERFORMED? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>		20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)			
20c. TIME OF INJURY Hour . Month, Day, .Year a.m. p.m.							
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		20f. CITY, TOWN, OR LOCATION		COUNTY STATE	
21. I attended the deceased from <i>6/19/60</i> to <i>1/23/61</i> and last saw her <i>1/23/61</i> alive on <i>1/23/61</i> Death occurred at <i>Tue. 1/23/61</i> m on the date stated above, and to the best of my knowledge, from the causes stated.							
22a. SIGNATURE <i>Robert Potashnick M.D.</i> (Degree or title)				22b. ADDRESS <i>3720 Washington</i>		22c. DATE SIGNED <i>1/23/61</i>	
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial		23b. DATE 1/26/1961		23c. NAME OF CEMETERY OR CREMATORY Gerald E. Andr. Cem.		23d. LOCATION (City, town, of county) Gerald Mo.	
24. FUNERAL DIRECTOR Collier Mortuary, St. Ann, Mo.				25. DATE RECD. BY LOCAL REG. JAN 23 1961		26. REGISTRAR'S SIGNATURE <i>Loard Smith. M.D.</i>	

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 _____
Signature of Student Embalmer

Signed Sheldon Collier

Licensed Embalmer No. 3382

P. O. Address St. Ann M

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.

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