MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

Do not use this space.

16083

1. PLACE OF DEATH

County ..... Registration District No. 791

Township ..... Primary Registration District No. 1003

City St. Louis (No. Deaconess Hospital St. ..... Ward)

File No. .....

Registered No. 4559

2. FULL NAME Archie William Binsbacher

(a) Residence. No. 20 Sterling Drive St., 4 Ward. St. Louis County
(Usual place of abode) (If nonresident, give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED OR DIVORCED (*write* the word)
Male	White	Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Augusta Binsbacher

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Mar h 27, 1887

7. AGE YEARS	MONTHS	DAYS	If LESS than 1 day, ... hrs. or ..... min.
44		17	

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Common Laborer 299

(b) General nature of industry, business, or establishment in which employed (or employer) .....

(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) Stanton Mo.
(STATE OR COUNTRY) 1

PARENTS

10. NAME OF FATHER Leonard Binsbacher

11. BIRTHPLACE OF FATHER (CITY OR TOWN) .....
(STATE OR COUNTRY) Mo.

12. MAIDEN NAME OF MOTHER Ellen Anderson

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) .....
(STATE OR COUNTRY) Mo.

14. INFORMANT Augusta Binsbacher
(Address) 20 Sterling Drive

15. FILED ..... 19.. Max C Starkloff
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) April 14, 1931 19

17. I HEREBY CERTIFY, That I attended deceased from April 1, 1931, to April 14, 1931 that I last saw him alive on April 14, 1931, and that death occurred, on the date stated above, at 11.30 a. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Lobar Pneumonia
(Right lung)
10B
79A (duration) ..... yrs. ..... mos. 14 ds.

CONTRIBUTORY (SECONDARY) Pneumococcic Meningitis
..... (duration) ..... yrs. ..... mos. 2 ds.

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH St Louis County

DID AN OPERATION PRECEDE DEATH? No DATE OF .....

WAS THERE AN AUTOPSY? No

WHAT TEST CONFIRMED DIAGNOSIS? X-ray - Lumbar Puncture

(Signed) G R Shuffler, M. D.

4/15/31, 19 (Address) 1020 Mo. Bldg. St Louis

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) Whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL	DATE OF BURIAL
Stanton Mo.	4.17 1931

20. UNDERTAKER Thomas P. Shaffer

ADDRESS Sullivan Mo.

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.