

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

Do not use this space.

NOV 13 1934

38024

1. PLACE OF DEATH

County ..... Registration District No. **791**  
Township ..... Primary Registration District No. **1003**  
City **St. Louis,** (No. **4127 California Ave.**)

File No. **10514**  
Registered No. ....  
St. .... Ward)

2. FULL NAME **Meinrad Bingesser.**

(a) Residence, No. **4127 California Ave.** St. **15** Ward. ....  
(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 <b>Male</b>	4. COLOR OR RACE <b>White</b>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <b>Married.</b>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <b>Katerine Bingesser.</b>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <b>Oct. 1, 1865.</b>		
7. AGE	YEARS	MONTHS
	<b>69</b>	<b>--</b>
		DAYS
		<b>29</b>
		If LESS than 1 day, ..... hrs. or ..... min.
OCCUPATION	8. Trade, profession, or particular kind of work done, as spliner, sawyer, bookkeeper, etc. <b>Retired. 7 yrs.</b>	
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.	
	10. Date deceased last worked at this occupation (month and year) ..... 11. Total time (years) spent in this occupation.....	

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **Switzerland.**

13. NAME **Benedict Bingesser.**

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **Switzerland.**

15. MAIDEN NAME **Dora Waldvogel.**

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **Switzerland.**

17. INFORMANT **Meinrad Bingesser** (ADDRESS) **4127 California**

18. BURIAL, CREMATION, OR REMOVAL **SS. Peter and Paul** DATE **Nov. 2, 1934.**

19. UNDERTAKER **J. N. Gebken & Co.** (ADDRESS) **2842 Meimann St.**

20. FILED **1934** **J. Brebeck** Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) **Oct. 30** 19**34**

22. I HEREBY CERTIFY, That I attended deceased from **Jan 15, 1934** to **Oct 30, 1934**

I last saw **him** arrive on **Oct 30, 1934** Death is said to have occurred on the date stated above, at **3:30 P. m.**

The principal cause of death and related causes of importance were as follows: **Sarcema of right side, lower lobe**

Other contributory causes of importance: **450 415**

Name of operation **Autopsy** Date of **3/15/34**

What test confirmed diagnosis **Agonal** Was there an autopsy? **No**

23. If death was due to external causes (violence), fill in also the following: Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? ..... (Specify city or town, county, and State) Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? **No** If so, specify

(Signed) **S. W. Waldvogel** M. D. (Address) **5251 National Dr**

WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD

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.

