APR 15 1936

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

Do not use this space.

9411

1. PLACE OF DEATH

County Buchanan, Registration District No. ____ File No. ____

Township ____ Primary Registration District No. ____ Registered No. 417

City St. Joseph, (No. Missouri Methodist Hospital St. ____ Ward)

2. FULL NAME Lester J. Binswanger,

(a) Residence, No. 502 North 25th. St., ____ Ward. ____
(Usual place of abode) (If nonresident, give city or town and State)

Length of residence in city or town where death occurred 50 yrs. 6 mos. 20 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	Single,

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) August 25, 1885

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, ____ hrs. or ____ min.
	50	6	20	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Investment

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Securities,

10. Date deceased last worked at this occupation (month, day, year) March 1936 11. Total time (years) spent in this occupation ____

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) St. Joseph, Missouri,

FATHER

13. NAME Simon Binswanger,

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Richmond, Missouri,

MOTHER

15. MAIDEN NAME Yetta Westheimer,

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) St. Joseph, Missouri,

17. INFORMANT Melvin E. Binswanger (ADDRESS) 502 North 25th. Street,

18. BURIAL, CREMATION, OR REMOVAL PLACE Adath Joseph Cem. DATE March 17, 1936

19. UNDERTAKER Beaton-Bigelow-Bowman (ADDRESS) 319 So. 10th. St. Funeral Home

20. FILED 3-17 1936 John H. Reader Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) March 15th, 1936

22. I HEREBY CERTIFY, That I attended deceased from Aug 1935, to 3/15/36, 19____

I last saw him alive on 3/15/36, 19____ Death is said to have occurred on the date stated above, at 6:20 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Hodgkins Disease	1935

Other contributory causes of importance: None

Name of operation Biopsy Date of ____

What test confirmed diagnosis? Biopsy Was there an autopsy? no

23. If death was due to external causes (violence), fill in also the following:

Accident, suicide, or homicide? no 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) C. H. Allen, M. D.

(Address) St. Joseph, 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.