

JUN 20 1936

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

Do not use this space.

19186

1. PLACE OF DEATH

County Greene
Township N. Campbell
City Springfield (No. _____)Registration District No. 318
Primary Registration District No. 5439
Federal Transient CampFile No. _____
Registered No. 472
St. _____ Ward _____2. FULL NAME Louis Biegel(a) Residence, No. Concordia Kans. St. _____ Ward _____
(Usual place of abode)

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. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>Male</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Widowed</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>3/26/75</u>		
7. AGE	YEARS	MONTHS
<u>61</u>		<u>2</u>
		DAYS
		<u>0</u>
		If LESS than 1 day, hrs. or min.
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Laborer</u>	
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. <u>Farmer</u>	
	10. Date deceased last worked at this occupation (month and year) _____	11. Total time (years) spent in this occupation _____

FATHER	12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Burlington Wisconsin</u>
	13. NAME <u>Unknown</u>
MOTHER	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Unknown</u>
	15. MAIDEN NAME <u>Unknown</u>
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Unknown</u>
17. INFORMANT (ADDRESS) <u>Transient Bureau Records Springfield, Mo.</u>	
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Hazelwood</u> DATE <u>May 30</u> , 19 <u>36</u>	
19. UNDERTAKER (ADDRESS) <u>Herman Lohmeyer Funeral Home Springfield, Mo.</u>	
20. FILED <u>5-29, 1936</u> <u>Dr. Chas. A. George</u> Registrar.	

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) May 26, 193622. I HEREBY CERTIFY, That I attended deceased from Jan 3, 1936, to May 26, 1936I last saw him alive on May 26, 1936. Death is said to have occurred on the date stated above, at 8:20 P.M.

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

Chronic
Myocardial Heart Disease
Case 1, 2nd Terminal Case
Jan 3, 36 in my par. bed
from heart attack

Other contributory causes of importance:

Date of onset

DK

Name of operation _____ Date of _____

What test confirmed diagnosis? _____ Was there an autopsy? _____

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 Yes

Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? No

(Specify)

(Signed) Robert J. Williams, M. D.(Address) Springfield, Mo.

