

FILED SEP 17 1941 791

State File No.

Registrar's No. 6660

Registration District No.

Primary Registration District No. 1003

1. PLACE OF DEATH:

(a) County
(b) City or town St. Louis
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
St. John's Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 11 days
(Specify whether
In this community 2 yrs. 0
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 00
(c) City or town St. Louis 17
(If outside city or town limits, write "RURAL") 109
(d) Street No. 3954 Natural Bridge.
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country 0

3. (a) PRINT FULL NAME

William Bingel, Sr.

3. (b) If veteran, name war None

3. (c) Social Security No. None

4. Sex Male 5. Color or race White

6. (a) Single, widowed, married, divorced Widowed

6. (b) Name of husband or wife Julia Bingel

6. (c) Age of husband or wife if alive 31 years (Day) (Year)

7. Birth date of deceased January 31, 1859.
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
82 6 13 hr. min.

9. Birthplace Germany 4
(City, town, or county) (State or foreign country)

10. Usual occupation Retired - 15 yrs.

11. Industry or business

12. Name Unknown

13. Birthplace " 9
(City, town, or county) (State or foreign country)

14. Maiden name "

15. Birthplace " 9
(City, town, or county) (State or foreign country)

16. (a) Informant William J. Bingel, Jr.

(b) Address 2940 Park Ave.

17. (a) Burial (b) Date thereof Aug. 15, 1941.
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Zion Cemetery.

18. (a) Signature of funeral director Wm. M. Schumacher

(b) Address 4834 Natural Bridge.

19. (a) AUG 15 1941 (b) [Signature]
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month August day 13th.
year 1941 hour 9:50 minute A. M.

21. I hereby certify that I attended the deceased from Aug 37 to Aug 13, 1941
that I last saw him alive on Aug 13 1941, 1941
and that death occurred on the date and hour stated above.

Immediate cause of death: Cardiovascular disease

Due to Hypertension

Due to German measles

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations no

Of autopsy no

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) _____
(b) Date of occurrence _____
(c) Where did injury occur? _____ (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? _____

While at work _____ (Specify type of place) (e) Means of injury _____

23. Signature O. N. Lindeman M.D. (M. D. or other)
Address 4126 1/2 Street Date signed 8-14-41

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

MOTHER FATHER

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.....

John A. Melina

....., Registered Apprentice No.

working under my personal supervision.

Signed.....

John A. Melina

Licensed Embalmer No. *4186*

P. O. Address.....

St. Louis Mo

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

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 26868
Registrar's No. 6660

Registration District No. 791

Primary Registration District No. 1003

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH: St Louis

(a) County.....
 (b) City or town.....
 (If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution:.....
 (If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution..... (Specify whether
 In this community.....
 years, months or days)

3. (a) PRINT FULL NAME William Bingel Sr

3. (b) If veteran, name war..... 3. (c) Social Security No.....

4. Sex m 5. Color or race w 6. (a) Single, widowed, married, divorced wid

6. (b) Name of husband or wife..... 6. (c) Age of husband or wife if alive..... years

7. Birth date of deceased..... (Month) (Day) (Year)

8. AGE: Years Months Days If less than one day min.

9. Birthplace..... (City, town, or county) (State or foreign country)

10. Usual occupation.....

11. Industry or business.....

12. Name.....

13. Birthplace..... (City, town, or county) (State or foreign country)

14. Maiden name.....

15. Birthplace..... (City, town, or county) (State or foreign country)

16. (a) Informant.....

(b) Address.....

17. (a)..... (b) Date thereof..... (Month) (Day) (Year)
 (Burial, cremation, or removal)

(c) Place: burial or cremation.....

18. (a) Signature of funeral director.....

(b) Address.....

19. (a) 10-1-41 (b) J. J. Bredich
 (Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State..... (b) County.....
 (c) City or town..... (If outside city or town limits, write "RURAL")
 (d) Street No..... (If rural, give location)
 (e) Citizen of foreign country?..... (Yes or No)
 If yes, name country.....

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan Day 1 year 1941 hour..... minute..... M.

21. I hereby certify that I attended the deceased from..... 19.....
 that I first saw him..... alive on..... 19.....
 and that death occurred on the date and hour stated above.
 Immediate cause of death.....

Duration.....

PHYSICIAN.....
 Underline the cause to which death should be charged statistically.

Due to.....

Due to.....

Other conditions..... (Include pregnancy within 3 months of death)

Major findings: Of operations.....

Of autopsy.....

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify).....

(b) Date of occurrence.....

(c) Where did injury occur?..... (City or town) (County) (State)

(b) Did injury occur in or about home, on farm, in industrial place, in public place?
 (Specify type of place)

While at work?..... (e) Means of injury.....

23. Signature..... (M. D. or other).....

Address..... Date signed.....

[The page contains extremely faint and illegible text, likely a scan of a document with very low contrast or significant fading. No specific words or structures are discernible.]