

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

14423
Do not use this space.

1939 MAY 12 1939

1. PLACE OF DEATH

(a) County Callaway Registration District No. 105
 (b) Township Curvase Primary Registration District No. 2155
 (c) City (d) Street No. St. No. 12
 (e) Length of residence in city or town where death occurred yrs. mos. da. (f) How long in U. S., if of foreign birth? yrs. mos. da.

2. PRINT FULL NAME

Rudolph Bieggele
 (a) Residence, No. St. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX m 4. COLOR OR RACE w 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widowed

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) May 25, 1855

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
83 10 22

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Retired farmer
 9. Industry or business in which work was done, as 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

FATHER 13. NAME Christian Bieggele

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

MOTHER 15. MAIDEN NAME etc

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) etc

17. INFORMANT (ADDRESS) John Bieggele Steadman, Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Steadman, Miss. DATE April 18, 1939

19. FUNERAL DIRECTOR (NAME) (ADDRESS) Geo. H. Wallace Fulton, Missouri

20. FILED 4/18/ 1939 W.H. Williamson Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) April 17, 1939

22. I HEREBY CERTIFY, That I attended deceased from April 10, 1939, to April 17, 1939
 I last saw him alive on April 16, 1939. Death is said to have occurred on the days stated above, at 12:12 P.M.
 The principal cause of death and related causes of importance were as follows:

of apoplexy
Chronic nephritis & hypertension
enlarged prostatic
 Date of onset 4-15-39
1-15-39
 1938

Other contributory causes of importance:
Chronic nephritis & enlarged prostatic

Name of operation none Date of
 What test confirmed diagnosis? Pharynx 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 X

24. Was disease or injury in any way related to occupation of deceased? no
 If so, specify Ex. emp. 5002
 (Signed) W.H. Williamson, M. D.
107 (Address) make

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.

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.....
....., Registered Apprentice No.....
working under my personal supervision.

Signed Leo G. Wallace
Licensed Embalmer No. 3373
P. O. Address Fulton 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, above space should be left blank.