

S. No. 2  
M-543  
v. 5-17-39  
b I X36671

**FILED FEB 20 1947**

Registration District No. **47** Primary Registration District No. **3008 5757** Registrar's No. **60**

14  
3  
WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

**1. PLACE OF DEATH:**

(a) County Callaway

(b) City or town Steedman  
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: R.F.D.  
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution \_\_\_\_\_ (Specify whether years, months or days)

In this community \_\_\_\_\_ (Specify whether years, months or days)

**2. USUAL RESIDENCE OF DECEASED:**

(a) State Missouri (b) County Callaway

(c) City or town Rural  
(If outside city or town limits, write "RURAL")

(d) Street No. Steedman  
(If rural, give location)

(e) Citizen of foreign country? No (Yes or No)

If yes, name country \_\_\_\_\_

**3. (a) PRINT FULL NAME** FRITZ C. BINGGELI

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

4. Sex MALE 5. Color or race White

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

6. (b) Name of husband or wife LOUISA SCHMIDT

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

7. Birth date of deceased MAY 18 1873  
(Month) (Day) (Year)

**8. AGE:**

Years	Months	Days	If less than one day
<u>73</u>	<u>8</u>	<u>19</u>	hr. _____ min. _____

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

10. Usual occupation Farmer

**MOTHER, FATHER**

11. Industry or business \_\_\_\_\_

12. Name John Binggeli

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

14. Maiden name Unknown

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

16. (a) Informant Mrs Fritz Binggeli

(b) Address Steedman Mo

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Feb. 11, 1947 (Month) (Day) (Year)

(c) Place: burial or cremation Steedman

18. (a) Signature of funeral director Glen G. Manspin

(b) Address 712 Cant St. Fulton Mo

19. (a) Feb 10 1947 (Date received local registrar) (b) Joan Morsink (Registrar's signature)

**MEDICAL CERTIFICATION**

20. DATE OF DEATH: Month 2 day 9  
year 1947 hour 5 minute 30A M.

21. I hereby certify that I attended the deceased from 2/6 1947 to 2-9 1947  
that I last saw him alive on 2/8 1947  
and that death occurred on the date and hour stated above.

Duration \_\_\_\_\_

Immediate cause of death Cerebral Hemorrhage  
Essential Hypertension  
Arteriosclerosis.

Due to \_\_\_\_\_

Due to \_\_\_\_\_

Other conditions (Include pregnancy within 5 months of death) \_\_\_\_\_

Major findings: Of operations 93A

Of autopsy \_\_\_\_\_

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

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) (b) Means of injury D

Signature W. D. Stearns (M. D. to attend)

Address R # 5 Fulton Date signed 2/10/47

Date Filed 2-19-47

District File Number \_\_\_\_\_

District Health Officer No. 9,

RECEIVED

AUG 12 1949

FEB 26 1947

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 Glen Y. Maupin

Licensed Embalmer No. 2725

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, fact should be so stated above.