

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

Do not use this space.

42132

PLACE OF DEATH

County St. Louis
Township Central
City University

Registration District No. 116.0
Primary Registration District No. 447.0
(No. 7047 Kingsbury plc.)

File No. _____
Registered No. 143
St. _____ Ward _____

2. FULL NAME Gus A. Bischoff

(a) Residence, No. _____ St. _____ Ward _____
(Usual place of abode)

(If nonresident, give city or town and State)

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.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 1878-12-19

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
52 11 15

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Livestock buyer
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) St. Louis, Mo.

13. NAME Henry Bischoff

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

15. MAIDEN NAME Henrietta Geisman

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

17. INFORMANT (ADDRESS) Elmer Bischoff
7047 Kingsbury plc.

18. BURIAL, CREMATION, OR REMOVAL PLACE St. Peters DATE 12/7/31 1919

19. UNDERTAKER (ADDRESS) Clayton Road at Concordia Ave.

20. FILED Dec 11 1931 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) December 4th, 1931

22. I HEREBY CERTIFY, That I attended deceased from Nov 1, 1931, to December 4th, 1931.

I last saw him alive on December 4th, 1931. Death is said to have occurred on the date stated above, at 3 P.m.

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

Apoplexy
12/4
8/11/24 B
Other contributory causes of importance:
Atherosclerosis of arteries
Arteriosclerosis
Date of onset 12/4/31
3 mo ago

Name of operation _____ Date of _____
What test confirmed diagnosis? Physiological 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 _____

24. Was disease or injury in any way related to occupation of deceased? NO
If so, specify _____

(Signed) Elmer Bischoff _____, M. D.
(Address) University Club Bldg.

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.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

