

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.

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

Do not use this space.

APR 29 1935

11383

1. PLACE OF DEATH

County..... Registration District No.....
 Township..... Primary Registration District No.....
 City St. Louis (No. 3741 @ Banbury)
 St. 16 Ward

File No.....
 Registered No. 3047
 St. 16 Ward

2. FULL NAME

Frederick A. Bischoff
 (a) Residence, No. 3741 @ Banbury St. 16 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 male 4. COLOR OR RACE white 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 11-9-1934

7. AGE YEARS MONTHS DAYS If LESS than 1 day,hrs. ormin.
4 22

OCCUPATION
 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.
 9. Industry or business in which work was done, as silk mill, 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) St. Louis

FATHER
 13. NAME Frederick A. Bischoff

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) St. Louis Mo.

MOTHER
 15. MAIDEN NAME Helen Ash

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) East St. Louis Ill.

17. INFORMANT (ADDRESS) Frederick A. Bischoff 3741 @ Banbury

18. BURIAL, CREMATION, OR REMOVAL PLACE N. Ochs DATE 4-2-35

19. UNDERTAKER (ADDRESS) Henry Weber 2225 N. Grand

20. FILED APR -2 1935 J. Bredeck Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 3-31, 1935

22. I HEREBY CERTIFY, That I attended deceased from March 30, 1935, to March 31, 1935
 I last saw h.i.m. alive on March 30, 1935 Death is said to have occurred on the date stated above, at 2:30 p. m.
 The principal cause of death and related causes of importance were as follows:

Congenital heart lesion

Date of onset Birth

Other contributory causes of importance: 157C

Name of operation..... Date of.....
 What test confirmed diagnosis? clinical 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?.....
 If so, specify Pierce W. Powers, M. D.
 (Signed) Pierce W. Powers
 (Address) 2531 So. Jefferson

