

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

Do not use this space.

JUL 12 1935

21445

1. PLACE OF DEATH

County.....
Township.....
City..... **ST. LOUIS**

Registration District No. **791**
Primary Registration District No. **1003**
St. Louis
at residence

File No.....
Registered No. **5387**
St. Ward)

2. FULL NAME **JOSEPH BISPING**

(a) Residence. No. **2546 PALM STR** St. **20** 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 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word)

MALE WHITE MARRIED

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF **MARY BISPING**

6. DATE OF BIRTH (MONTH, DAY AND YEAR) **NOVEMBER 9TH 1882**

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
52 — 7 m II D

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work **ICE & COAL DEALER**
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN)

(STATE OR COUNTRY) **ST LOUIS, MO.**

10. NAME OF FATHER **ANTON BISPING**

11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY) **GERMANY**

12. MAIDEN NAME OF MOTHER **NOT KNOWN**

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY) **GERMANY**

14. INFORMANT **Mary Bisping**
(Address) **2546 Palm Str**

15. FILED **JUN 22 1935**
REGISTRAR **J. F. Bredeck**

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) **June 21 1935**

17. I HEREBY CERTIFY, That I attended deceased from 19..... to 19..... that I last saw h..... alive on..... 19....., and that death occurred, on the date stated above, at **7:30 A.M.**

THE CAUSE OF DEATH WAS AS FOLLOWS:
Strangulation due to hanging at residence.
W Suicide
CONTRIBUTORY (SECONDARY) (duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH.....

DID AN OPERATION PRECEDE DEATH?..... DATE OF.....

WAS THERE AN AUTOPSY?.....

WHAT TEST CONFIRMED DIAGNOSIS?.....

(Signed) **Harold P. Dwyer, M.D.**

6/22, 1935 (Address) **Dwight**

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) Whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL

CALVARY CEMETERY

20. UNDERTAKER

Edward Koch

DATE OF BURIAL

June 24th 1935

ADDRESS

3516 1/4

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.

