

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

Do not use this space.

1. PLACE OF DEATH **NOV 27 1935**
 County St. Louis Registration District No. 790
 Township _____ Primary Registration District No. 6033A
 City Clayton (No. St. Louis Co. 7608)

33852
 File No. _____
 Registered No. 287
 St. _____ Ward _____

2. FULL NAME John Bisking
 (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 <u>Male</u>	4. COLOR OR RACE <u>white</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>widower</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Julia Bisking</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Mar 1 1887</u>		
7. AGE YEARS <u>47</u>	MONTHS <u>11</u>	DAYS <u>1</u>
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Day Laborer</u>		
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) <u>unknown</u>		
13. NAME <u>John Bisking</u>		
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Don't know</u>		
15. MAIDEN NAME <u>Kate Curran</u>		
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Don't know</u>		
17. INFORMANT <u>Miss Anna Henningsen</u> (ADDRESS) <u>3243 W. 11th St. St. Louis, Mo.</u>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Columbi</u> DATE <u>Oct 5</u> 19 <u>35</u>		
19. UNDERTAKER <u>Frank Hetlage</u> (ADDRESS) <u>3125 Dryden St. St. Louis, Mo.</u>		
20. FILED <u>10/3</u> 1935 <u>W. J. Signorelli</u> Registrar.		

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 10/2 1935

22. I HEREBY CERTIFY, That I attended deceased from _____, 19____, to _____, 19____.

I last saw him alive on _____, 19____. Death is said to have occurred on the date stated above, at 2:20 P.M.

The principal cause of death and related causes of importance were as follows:
Auto collision; accident on Olive Street roof 9/30/35 taken to St. Louis Co. Hospital, where he died on 10/2/35. Date of onset

Other contributory causes of importance: over

Name of operation _____ Date of _____
 What test confirmed diagnosis? autopsy Was there an autopsy? yes

23. If death was due to external cause (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 _____ 10/3/35
 (Signed) John B. Turner M. D.
 (Address) 3218 Jennings St. St. Louis, Mo.

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.

Cause of death; Ruptured vena illiaca
externa on the rt. side. Intra-capsular
hemorrhage of kidneys. Ruptured bladder.
Traumatized intestines.

Traumatized soft tissue in the rt. pelvis.
Very badly fractured pelvis(os illeum)
fractured above the spina illiaca anterior,
os ischii and pubis all bones to the acetabulum.
The caput of the femur rt. also crushed.
All fractures of the pevis appeared on the
rt. side caused extra vasation due to
injured vessels. Secondary; Internal hemorrhage.
Toxemia.

Verdict of Jury.: Resulting from accident
and due to insufficient evidence we the Jury
render an open verdict for the purpose of
further investigation. We answer to the
above to the result of an automobile collision.