

NOV 12 1938

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

37452
Do not use this space.

1. PLACE OF DEATH

(a) County St. Louis Registration District No. 791
 (b) Township St. Louis Primary Registration District No. 1008
 (c) City St. Louis (d) Street No. 5071 (If death occurred in Hospital or Institution, write its name instead of street and number) St. 1008
 (e) Length of residence in city or town where death occurred 5 yrs. mos. ds. (f) How long in U. S., if of foreign birth? 71 yrs. mos. ds.

2. PRINT FULL NAME

210 Henry Bischoff
 (a) Residence, No. 4277 San Francisco St. 10
 (Usual place of abode, if no street address, write county or city) (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 Widowed
(write the word)

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Dec. 30 1846

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
91 10 11

OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Farmer
 9. Industry or business in which work was done, as saw mill, bank, etc. General
 10. Date deceased last worked at this occupation (month and year) Nov. 1908 11. Total time (years) spent in this occupation 38

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Germany 6

FATHER 13. NAME Unknown

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown 9

MOTHER 15. MAIDEN NAME Unknown

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown 9

17. INFORMANT (ADDRESS) Arthur W. Bischoff
Belleville, Ill.

18. BURIAL, CREMATION, OR REMOVAL PLACE Mountain City DATE Nov 13 1938

19. FUNERAL DIRECTOR (NAME) (ADDRESS) E. P. Moe
Mountain City, Ill.

20. FILED J. H. Predeck
 Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Nov. 11 1938

22. I HEREBY CERTIFY, That I attended deceased from 1930 to Nov. 11 1938
 I last saw him alive on Nov. 5 1938 Death is said to have occurred on the date stated above, at 8:30 a.m.
 The principal cause of death and related causes of importance were as follows:

Date of onset 1910
Arterio sclerosis
930
 Other contributory causes of importance:

Acute myocarditis Nov 11 1938
Caused by chronic myocarditis
 Name of operation _____ Date of _____
 What test confirmed diagnosis? _____ 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) M. H. Helbing M. D.
 (Address) 49630 Mountain

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.

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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,

E. L. Moll

, or by

Registered Apprentice No. _____, working under my personal supervision.

Signed

E. L. Moll

Licensed Embalmer No. *2298*

P. O. Address *Masconoh, Ill*

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, above space should be left blank.