

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

16551
Do not use this space.

791
1008

Registered No. **4085**

1. PLACE OF DEATH **JUN 12 1939**

(a) County Registration District No.

(b) Township Primary Registration District No.

(c) City **St. Louis** (d) Street No. **Josephine Hospital** St.
(If death occurred in Hospital or Institution, write its name instead of street and number)

(e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U.S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME **Wm. A. Bischoff**

(a) Residence, No. **2115 Arsenal St.** St. **24** (If nonresident, give city or town and State)
(Usual place of abode, if no street address, write county or city)

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 Elizabeth M. Bischoff		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Oct. 17, 1889		
7. AGE	YEARS 49	MONTHS 6
	DAYS 14	If LESS than 1 day, hrs. or min.
OCCUPATION	8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Foreman	
	9. Industry or business in which work was done, as saw mill, bank, etc. Box Factory	
	10. Date deceased last worked at this occupation (month and year) 11. Total time (years) spent in this occupation.....	
12. BIRTHPLACE (CITY OR TOWN) St. Louis (STATE OR COUNTRY) Missouri		
FATHER	13. NAME Jacob Bischoff	
	14. BIRTHPLACE (CITY OR TOWN) Germany (STATE OR COUNTRY)	
MOTHER	15. MAIDEN NAME Dina Eck	
	16. BIRTHPLACE (CITY OR TOWN) Germany (STATE OR COUNTRY)	
17. INFORMANT Mrs. Elizabeth Bischoff (ADDRESS) 2115 Arsenal St.		
18. BURIAL, CREMATION, OR REMOVAL S. S. Peter & Paul Cm DATE 5/4/39		
19. FUNERAL DIRECTOR (NAME) Weick Bros. Und. Co (ADDRESS) 2201 S. Grand Bl.		
20. MAY 3 1939 <i>J. J. Weick</i> County Registrar.		

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) **May 1, 1939**

22. I HEREBY CERTIFY that I attended deceased from **30th of April 1939**, 19.....
I last saw h. **May 1st** 19..... Death is said to have occurred on the date stated above, at **3:40 A.M.**
The principal cause of death and related causes of importance were as follows:
Heart disease of atherosclerosis of coronary arteries
Arteriosclerosis
Obesity
Diabetes
Acute myocardial infarction

Date of onset

Other contributory causes of importance:

Name of operation Date of
What test confirmed diagnosis? **Hospital** Were there an autopsy? **No**

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? **No** Date of injury 19.....
Where did injury occur? **No** (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. **No**

Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation or deceased? **No**
If so, specify **None**
(Signed) **J. J. Weick** M. D.
(Address) **2201 S. Grand Bl.**

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

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.

*On file
2124 Rowland*

*(R. GREIDER)
MD.*

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, or by.....

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

Signed *Nancy A Stewart*

Licensed Embalmer No. 3722

P. O. Address 412 Duchouquette St.

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.