15 1939

REC'D JUN 8 1939

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

19695
Do not use this space.

1. PLACE OF DEATH
(a) County St. Louis — Registration District No. 1784
(b) Township Clayton — Primary Registration District No. 101 — Registered No. 886
(c) City Clayton — (d) Street No. St. Louis County 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.
20 yr

2. PRINT FULL NAME William Bisch
(a) Residence, No. Co. G. 6 th. Infantry St. Jefferson Bks., Mo.
(Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

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.

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male
4. COLOR OR RACE: White
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write the word*): Single
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF **********
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) August 8, 1906
7. AGE: Years 32 — Months 9 — Days 6 — If LESS than 1 day, ....hrs. or ....min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Army Sgt.
9. Industry or business in which work was done, as saw mill, bank, etc. Co. G. 6th Infantry
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) Sunnyside, Utah.

FATHER
13. NAME Frank Bisch
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown

MOTHER
15. MAIDEN NAME Unknown
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown

17. INFORMANT 1 Sgt. Howard L. Thitt
(ADDRESS) Co. G. 6 th. Inf. Jefferson Bks., Mo.
18. BURIAL, CREMATION, OR REMOVAL
PLACE Spring Field, Ill. DATE MAY 16 1939
19. FUNERAL DIRECTOR C. Hoffmeister U. & L. Co.
(ADDRESS) 7814 S. Broadway
20. FILED MAY 15 1939 R. Meyer M.D. Local Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) MAY 14, 1939
22. I HEREBY CERTIFY, That I attended deceased from ....., 19....., to ....., 19.....
I last saw h..... alive on ....., 19..... Death is said to have occurred on the date stated above, at 8.40AM
The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Struck by an automobile while standing on a public highway. | 5/14 |
| Other contributory causes of importance: | |
| Multiple skull fracture. | 5/14/39 |

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

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? accident Date of injury 5/14/39, 19
Where did injury occur? Lemay, Mo. (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury public place
Nature of injury struck by auto
fracture of the skull
24. Was disease or injury in any way related to occupation of deceased? no
If so, specify
(Signed) John O'Connell M. D.
(Address) Coroner of St. Louis County, Mo

(Licensed Embalmer's Statement on Reverse Side)

## STATEMENT BY LICENSED EMBALMER

I, George W. Hoffmeister, Licensed Embalmer No. 2426

hereby certify that the body recorded on the reverse side of this certificate was embalmed by

L. E.

No. or by Registered Apprentice No.

working under my personal supervision.

Signed Geo. W. Hoffmeister

Licensed Embalmer No. 2426

**Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply wi the above constitutes grounds for revocation of license.)**