

REC'D JUL 12 1939

 MISSOURI STATE BOARD OF HEALTH
 BUREAU OF VITAL STATISTICS
 CERTIFICATE OF DEATH
20884
Do not use this space.

1. PLACE OF DEATH

 (a) County Barnes Hos. Registration District No. 791
 (b) Township 1 Primary Registration District No. 1003
 (c) City 1 (d) Street No. BARNES HOSPITAL Registered No. 5728
 (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 Ida, A. Bisch
 (a) Residence, No. FESTUS, MO St. WR
 (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 Female 4. COLOR OR RACE Col. 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widow

 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Widow unknown
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Dec. 22 1876
 7. AGE YEARS 68 MONTHS 6 DAYS 3 If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc.

9. Industry or business in which work was done, as saw mill, bank, etc. Housewife

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) Pevely Mo.13. NAME Charles Oneal14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Tenn.15. MAIDEN NAME Mary Wines16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) unknown17. INFORMANT Mary Jane Hogan
(ADDRESS) Festus Mo.

18. BURIAL, CREMATION, OR REMOVAL

PLACE Herculanum Mo. DATE June 29 3919. FUNERAL DIRECTOR (NAME) Dement & Son
(ADDRESS) 2631 Wash St.20. FILED JUN 28 1939
Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 6-25 193922. I HEREBY CERTIFY, That I attended deceased from 6-19 1939, to 6-25 1939I last saw her alive on 6-25 1939. Death is said to have occurred on the date stated above, at 7:15 p.m.

The principal cause of death and related causes of importance were as follows:

Carcinoma of ovary
& Abdominal metastases
Myocardial infarction

Date of onset

Other contributory causes of importance:

Terminal bronchopneumonia?Name of operation None Date ofWhat test confirmed diagnosis? Was there an autopsy? yes23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? Date of injury 19Where 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 Al Bortnick (BORTNICK, M. D.)(Signed) Al Bortnick (BORTNICK, M. D.)
(Address) BARNES HOSPITAL

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,

L Boyke
Mpls.

....., or by

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

Signed.....

Lomnie Boekman

Licensed Embalmer No.....

2946

P. O. Address.....

St Louis Mo

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.