CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 30187

Registration District No. 784 — 1939 SEP 7 1939

Primary Registration District No. 200

Registrar's No. 1471

1. PLACE OF DEATH:

(a) County Saint Louis 3

(b) City or town Lemay (If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: Colored Old Folks Home (If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 6 yrs (Specify whether years, months or days)

In this community 75 years

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County St. Louis 1

(c) City or town (If outside city or town limits, write "RURAL")

(d) Street No. 9837 Perrin Avenue (If rural, give location)

(e) If foreign born, how long in U. S. A.? years.

3. (a) PRINT FULL NAME Louisa Bisch

3. (b) If veteran, name war

3. (c) Social Security No. none

4. Sex Female

5. Color or race Negro

6. (a) Single, widowed, married, divorced Single

6. (b) Name of husband or wife

6. (c) Age of husband or wife if alive years

7. Birth date of deceased March 16, 1842 (Month) (Day) (Year)

8. AGE: Years 97 Months 5 Days If less than one day hr. min.

9. Birthplace St. Genevieve, Missouri (City, town, or county) (State or foreign country)

10. Usual occupation Nursemaid

11. Industry or business Retired

FATHER
12. Name Unavailable- Bisch
13. Birthplace Unavailable (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Unavailable- Brown
15. Birthplace St. Genevieve, Missouri (City, town, or county) (State or foreign country)

16. (a) Informant's own signature Josephine Jasper

(b) Address 9837 Perrin Avenue

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Aug. 18, 1939 (Month) (Day) (Year)

(c) Place: burial or cremation Washington Park

18. (a) Signature of funeral director Chas. J. Gates

(b) Address 4107 Finney Avenue

19. (a) AUG 18 1939 (Date received local registrar) (b) [illegible] (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month August day 16, year 1939 hour 4 minute 55 A. M.

21. I hereby certify that I attended the deceased from August 15th, 1935 to August 15, 1939 that I last saw her alive on August 15, 1939 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Chronic Myocarditis	4 Years
Senility	
Due to	
Due to	
Other conditions Arterio Sclerosis (Include pregnancy within 3 months of death)	

Major findings:
Of operations
Of autopsy

PHYSICIAN — Underline the cause to which death should be charged statistically

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify)

(b) Date of occurrence

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? (Specify type of place)

While at work? (e) Means of injury

23. Signature G. A. Gaikins (M. D. or other)

Address 3200 Lucas Avenue Date signed 8/16/39

(Licensed Embalmer's Statement on Reverse Side)

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 James A. Johnson, Registered Apprentice No. _____ working under my personal supervision.

Signed James A. Johnson

Licensed Embalmer No. 3522

P. O. Address 4107 Finney Avenue

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

If this body is not embalmed, above space should be left blank.