3 1939

MARGIN RESERVED FOR BINDING

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE 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.

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

# STANDARD CERTIFICATE OF DEATH

State File No. 33500

Registration District No. 78 [illegible] 1939

Primary Registration District No. 200

Registrar's No. 1736

**1. PLACE OF DEATH:**

(a) County St.Louis 3

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

(c) Name of hospital or institution: Manchester Nursing Home
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution _____ (Specify whether
In this community 3 Months
years, months or days)

**2. USUAL RESIDENCE OF DECEASED:**

(a) State Missouri (b) County 1

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

(d) Street No. 2627 A St Vincent Ave
(If rural, give location)

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

3. (a) PRINT FULL NAME Ferdinand F Bischoff 210

3. (b) If veteran, name war None

3. (c) Social Security No. None

4. Sex Male

5. Color or race White

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

6. (b) Name of husband or wife Mary Bischoff

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

7. Birth date of deceased December 15 1860
(Month) (Day) (Year)

8. AGE:

| Years | Months | Days | If less than one day |
|---|---|---|---|
| 78 | 9 | 17 | hr. min. |

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

10. Usual occupation Retired

11. Industry or business Mail Carrier

FATHER
12. Name Ferdinand Bischoff 6
13. Birthplace Germany 6
(City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Francis Henneburg
15. Birthplace Germany
(City, town, or county) (State or foreign country)

16. (a) Informant's own signature Carl F. Bischoff

(b) Address 3821 A.Hereford St

17. (a) Burial
(Burial, cremation, or removal)

(b) Date thereof October 4 1939
(Month) (Day) (Year)

(c) Place: burial or cremation Sunset Burial Park

18. (a) Signature of funeral director Peetz Brothers

(b) Address 3029 Lafayette Ave

19. (a) OCT 3 1939 (b) [illegible]
(Date received local registrar) (Registrar's signature)

**MEDICAL CERTIFICATION**

20. DATE OF DEATH: Month October day 2nd
year 1939 hour 10:15 minute P. M.

21. I hereby certify that I attended the deceased from June 18-5, 1939, to to Oct 2, 1939
that I last saw him alive on October 2, 1939
and that death occurred on the date and hour stated above.

Immediate cause of death Chronic Interstitial Nephritis

Due to

Due to

131

Other conditions Arterio Sclerosis
(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

Duration

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 R. W. Jansen (M. D.)

Address Manchester, Mo Date signed 10/3/39

(Licensed Embalmer's Statement on Reverse Side)

V. S. Form 2. 50M-5-17-39 Rev. 5-17-39 1 X19511

## 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 Frank J Owens

Licensed Embalmer No. 2245

P. O. Address.....

**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.**