

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH
1003

State File No. **30781**
Registrar's No. **8058**

Registration District No. **791** Primary Registration District No. _____

FILED OCT 25 1940

1. PLACE OF DEATH:

(a) County _____
(b) City or town **St. Louis**
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: **6076 a Arsenal St**
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____
(Specify whether _____)
In this community **Life**
years, months or days)

3. (a) PRINT FULL NAME **Alfred Louis Bischoff**

3. (b) If veteran, name war **Nil** 3. (c) Social Security No. **Nil**

4. Sex **M** 5. Color or race **W** 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 **July 15 1871**
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	69	2	12	hr. _____ min. _____

9. Birthplace **St. Louis Mo.**
(City, town, or county) (State or foreign country)

10. Usual occupation **Retired**

11. Industry or business _____

12. Name **Fred Wm. Bischoff**

13. Birthplace **Germany**
(City, town, or county) (State or foreign country)

14. Maiden name **Lydia Haurly**

15. Birthplace **Switzerland**
(City, town, or county) (State or foreign country)

16. (a) Informant's own signature **Eydia Bendick**

(b) Address **6932 Scanlan Ave., St. Louis, Mo.**

17. (a) **Burial** (b) Date thereof **Sept. 30, 1940**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **St. Peters Cemetery**

18. (a) Signature of funeral director **MITTELBERG FUNERAL HOME**

(b) Address **WEBB ER GROVES, E.O.**

19. (a) **SEP 27 1940** (b) _____
(Date received local registrar)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County **Nil**
(c) City or town **St. Louis** **3**
(If outside city or town limits, write "RURAL")
(d) Street No. **6076a Arsenal**
(If rural, give location)
(e) If foreign born, how long in U. S. A. _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **Sept** day **27**
year **1940** hour **About 3** minute **00** a. m.

21. I hereby certify that I attended the deceased from **7-5-40**
_____ 19____, to **9-27** 19____
that I last saw him alive on **8-28-40** 19____;
and that death occurred on the date and hour stated above.

Immediate cause of death **Coronary heart disease** **hypertension**

Due to _____

Due to _____

Other conditions (include pregnancy within 3 months of death) _____

Major findings: Of operations _____

Of autopsy _____

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?

While at work? _____ (Specify type of place) (e) Means of injury _____

23. Signature **Boet Klein** (M. D. or other) **MD**

Address **2632 S. Kingshighway** Date signed **9-27-40**

Duration _____
Underline the cause to which death should be charged statistically

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.

I 1931

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.....

J. S. Sullivan

Licensed Embalmer No. 1122

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.