

Registration District No. 791

Primary Registration District No. 1003

1. PLACE OF DEATH:

(a) County St. Louis
(b) City or town St. Louis
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
3326 Semple Ave. 1
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____
(Specify whether _____)
In this community _____
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County St. Francois
(c) City or town Bonne Terre
(If outside city or town limits, write "RURAL") 94 NR
(d) Street No. _____
(If rural, give location) 2
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct. day 16
year 1941 hour 6 minute 10 P.M.
21. I hereby certify that I attended the deceased from July 1, 1941 to Oct. 16, 1941
and that death occurred on the date and hour stated above. Oct. 15, 1941

3. (a) PRINT FULL NAME Laura Evaline Bisch

3. (b) If veteran, name war No. 3. (c) Social Security No. None

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced Widowed

6. (b) Name of husband or wife Ben F. Bisch 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased June 20 1866
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
75 3 26 hr. min.

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

10. Usual occupation Retired

11. Industry or business _____

12. Name John Wilson

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

14. Maiden name Martha Armon

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

16. (a) Informant Ben. F. Bisch

(b) Address Bonne Terre, Mo.

17. (a) Burial (b) Date thereof 10/18/41
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Bonne Terre, Mo.

18. (a) Signature of funeral director Albert H. Hoppe

(b) Address 4700 Washington Ave.

19. (a) Oct. 17, 1941 (b) J. P. Berman
(Date received local registrar) (Registrar's signature)

Immediate cause of death Chronic myocarditis Duration 1 yr.

Due to _____

Due to _____

Other conditions none
(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? _____

While at work? _____ (Specify type of place)
(e) Means of injury 0

23. Signature Jos. P. Berman (M. D. optional)

Address 1225 No. Grand Date signed 10/17/41

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

MOTHER FATHER

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.....

Hubert G. Burnley

Licensed Embalmer No. *4209*.....

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, fact should be so stated above.