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S. No. 2
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7-5-17-39
PI X2944

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

19383

State File No.

Registrar's No. **5901**

REG JUL 20 1942 791
Registration District No.

Primary Registration District No. **1003**

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

1. PLACE OF DEATH:

(a) County

(b) City or town. **St. Louis, Missouri**
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:
St. Louis City Hospital **0**
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution. **1 Mo. 6 Days**
(Specify whether

In this community
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State. **MISSOURI** (b) County

(c) City or town. **ST. LOUIS**
(If outside city or town limits, write "RURAL")

(d) Street No. **1221 DOLMAN ST.**
(If rural, give location)

(e) Citizen of foreign country? (Yes or No)

If yes, name country. **0**

3. (a) PRINT FULL NAME **Eugene Joseph Bischof**

3. (b) If veteran, name war

3. (c) Social Security No.

4. Sex. **MALE 0**

5. Color or race. **WHITE**

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

6. (b) Name of husband or wife. **VIRGIE BISCHOF**

6. (c) Age of husband or wife if alive. **36** years

7. Birth date of deceased. **NOVEMBER 2 1891**
(Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
50	8	9	hr. min.

9. Birthplace. **ST. LOUIS MO. 0**
(City, town, or county) (State or foreign country)

10. Usual occupation. **CAR HELPER**

11. Industry or business

MOTHER FATHER {

12. Name **John Bischof**

13. Birthplace **MO. 0**
(City, town, or county) (State or foreign country)

14. Maiden name **EMILY SHAW**

15. Birthplace **MO. 0**
(City, town, or county) (State or foreign country)

16. (a) Informant. **Mrs. Virgie Bischof**

(b) Address. **1221 Dolman**

17. (a) **BURIAL** (b) Date thereof. **JULY 14 1942**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation. **NATIONAL CEM. JEFFERSON BR**

18. (a) Signature of funeral director. **E. J. Schmur**

(b) Address. **3125 Lafayette St, av**

19. (a) **JUL 13 1942** (Date received local registrar)

J. T. Brudeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month. **July** day. **11,**
year. **1942** hour. **8:30** minute. **A. M.**

21. I hereby certify that I attended the deceased from **June 5,** 19 **42** o. **July 11,** 19 **42**
that I last saw him alive on **July 11,** 19 **42**
and that death occurred on the date and hour stated above.

Immediate cause of death. **Psychosis with Cerebral Arteriosclerosis and Cerebral Vascular Accident, Left**

Due to

Due to

Other conditions. **97**
(Include pregnancy within 3 months of death)

PHYSICIAN

Major findings: Of operations

Of autopsy. **None**

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) (r) Means of injury **0**

23. Signature **Geo. Wade** (M. D. or other) **8/11/42**
Address. **1515 Lafayette Avenue,** Date signed

JUL 22 1942

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 _____

Licensed Embalmer No. 41014

P. O. Address: 3125 Lafayette Ave

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.