

S. No. 2
M-5-42
5-17-39
X32873

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

28542

State File No.

FILED OCT 14 1942
Registration District No. 318

Primary Registration District No. 1003

Registrar's No. 8198

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:
2222 McCausland Ave. /
(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 Mo. (b) County.....
(c) City or town St. Louis
(If outside city or town limits, write "RURAL")
(d) Street No. 2222 McCausland Ave.
(If rural, give location)
(e) Citizen of foreign country?..... (Yes or No)
If yes, name country.....

3. (a) PRINT FULL NAME Paul A. Bisso
3. (b) If veteran, name war None
3. (c) Social Security No. None

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month Oct. day 1st
year 1942 hour 4:45 minute P.M. M.

4. Sex Male 5. Color or race White
6. (a) Single, widowed, married, divorced, Married
6. (b) Name of husband or wife Agnes Bisso
6. (c) Age of husband or wife if alive 49 years
7. Birth date of deceased Sept. 13th 1891
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from Dec 10, 1941, to Oct 1, 1942
that I last saw him alive on Oct 1, 1942
and that death occurred on the date and hour stated above.

8. AGE: Years 51 Months 0 Days 18
If less than one day hr. min.

Immediate cause of death myocardial insufficiency Duration 6 hrs

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

Due to 12/21/41
Due to

10. Usual occupation.....
11. Industry or business Grocer

Other conditions (include pregnancy within 3 months of death) Chr. interstitial nephritis
Major findings: Of operations.....
Of autopsy.....

MOTHER FATHER {
12. Name Edward M. Bisso
13. Birthplace St. Louis Mo.
(City, town, or county) (State or foreign country)
14. Maiden name Mary Jackson
15. Birthplace Galveston Texas
(City, town, or county) (State or foreign country)

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

16. (a) Informant Mrs. Agnes Bisso
(b) Address 2222 McCausland Ave.

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?

17. (a) Burial (b) Date thereof 10-5-42
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Calvary Cemetery
18. (a) Signature of funeral director Kriegshauser Mortuaries
(b) Address 4228 So. Kingshighway Blvd.
19. (a) OCT 3 1942 (b) J. F. Brudek
(Date received local registrar) (Registrar's signature)

23. Signature M. M. Freund (M. D. or other)
Address 3115 S. Grand Date signed 10/10/42

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

145
93/43
#10

3115 So. Grand Ave.
11-1230 & 7-8

FEB 23 1943

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 *Chas. A. McArthur*

Licensed Embalmer No. *3024*

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.