

FILED DEC 31 1942

Registration District No. 200

Registrar's No. 2653

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

96
14
0

1. PLACE OF DEATH:

(a) County St. Louis

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

(c) Name of hospital or institution:
2421 Pocahontas
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution nil
(Specify whether

In this community years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County St. L.

(c) City or town Rock Hill
(If outside city or town limits, write "RURAL")

(d) Street No. 2421 Pocahontas
(If rural, give location)

(e) Citizen of foreign country? 0 (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME Frances Fannie Bisso

3. (b) If veteran, name war no

3. (c) Social Security No. no

4. Sex F 5. Color or race W

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

6. (b) Name of husband or wife William Bisso

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

7. Birth date of deceased Jan. 12, 1871
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>71</u>	<u>11</u>	<u>3</u>	hr. _____ min.

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

10. Usual occupation Housewife

11. Industry or business _____

MOTHER FATHER

12. Name Charles Pfountz

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

14. Maiden name Charlotta Heidel

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

16. (a) Informant Joseph Bisso

(b) Address 2421 Pocahontas

17. (a) Burial (b) Date thereof 12-18-42
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Oak Hill Cem.

18. (a) Signature of funeral director Jay B. Smith

(b) Address 7456 Manchester

19. (a) DEC 17 1942 (b) C. D. McElroy, M.D.
(Data received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec. day 15
year 1942 hour 1 minute 05 A. M.

21. I hereby certify that I attended the deceased from 12-11-1942 to 12-14-1942
that I last saw her alive on 12-14-1942
and that death occurred on the date and hour stated above.

Immediate cause of death

Septicemia 3 days

Due to Intestinal Specific Colone

Due to Septicemia + Copolymerization

Other conditions (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 _____

23. Signature E. E. Evans (M. D. or other) _____
Address 2016 Harrison Date signed 12-15-42

31/4 2
- 226

137

Brentwood 112 1942

JAN 4 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..... *H. Burgess*
Licensed Embalmer No. *4029*
P. O. Address. *Maplewood*

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.