

FILED APR 3 1943

Registration District No. **378** Primary Registration District No. **1003** Registrar's No. **2917**

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

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:
3150 Geyer 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)

3. (a) PRINT FULL NAME **Helen Bischoff**

3. (b) If veteran, name war *********

3. (c) Social Security No. *********

4. Sex **Female** **5. Color or race** **White**

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

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

7. Birth date of deceased **March 27 1859**
 (Month) (Day) (Year)

8. AGE: Years Months Days **27** If less than one day

83 **11** **28** hr. min.

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

10. Usual occupation **At Home**

11. Industry or business

MOTHER FATHER

12. Name **Charles Cronenbold**

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

14. Maiden name **Bertha Seibold**

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

16. (a) Informant **Julius Bischoff**
 (b) Address **3150 Geyer Ave**

17. (a) Burial (Burial, cremation, or removal) **(b) Date thereof** **March 27 1943**
 (Month) (Day) (Year)

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

18. (a) Signature of funeral director **Peetz Brothers**
 (b) Address **3029 Lafayette Ave**

19. (a) **457 29 29 (b)** **J. F. Brudeck**
 (Date received local registrar) **1943** (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County **17**

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

(d) Street No. **3150 Geyer Ave**
 (If rural, give location)

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

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **24th** day **March**
 year **1943** hour **10:30** minute **A. M.**

21. I hereby certify that I attended the deceased from **Feb 21**
1943 to **Mar 24**, 19 **43**
 that I last saw her alive on **Mar 23**, 19 **43**
 and that death occurred on the date and hour stated above.

Immediate cause of death **Carcinoma of Bladder**
Very advanced when first
saw case

Due to **5 1/2**

Other conditions (Include pregnancy, within 3 months of death)

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

Major findings: **Cystoscopy by Dr. E. Barner**
 Of operations **showed cancer**
 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) Means of injury.....

23. Signature **William News** (M. D. or other) **8/26/43**
 Address **1657 So Grand** Date signed

Dr. Weis
1657 S. Grand Blvd
Or 1628

4-11-0181

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.....

.....
working under my personal supervision.

..... Registered Apprentice No.

Signed.....

Francis J. Swann

Licensed Embalmer No.

2245

P. O. Address.....

At Home Mo

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.

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