

FILED MAR 25 1943

Registration District No. 318

Primary Registration District No. 1003

Registrar's No. 2501

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:
3400 S. GRAND AV. 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
(c) City or town ST. LOUIS
(If outside city or town limits, write "RURAL")
(d) Street No. 3400 S. GRAND AV.
(If rural, give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME HENRY BISMARK

3. (b) If veteran, name war NO 3. (c) Social Security No. NO

4. Sex MALE 5. Color or race WHITE 6. (a) Single, widowed, married, WIDOWER
6. (b) Name of husband or wife CATHERINE BISMARK 6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased FEBRUARY 17 1862
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
81 0 26 br. min.

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

10. Usual occupation NIL

MOTHER FATHER
11. Industry or business

12. Name ABRAHAM BISMARK
13. Birthplace (City, town, or county) (State or foreign country)
14. Maiden name Nayara Lakout
15. Birthplace (City, town, or county) (State or foreign country)

16. (a) Informant Charles Bismark
(b) Address 1823 California av

17. (a) BURIAL (b) Date thereof MARCH 16 1943
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation SS PETER + PAUL CEM.

18. (a) Signature of funeral director E. J. Schmur
(b) Address 3125 Lafayette av

19. (a) MAR 16 1943 (b) J. F. Meade
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 13
year 1943 hour 10 minute 30 A.M.

21. I hereby certify that I attended the deceased March 9
that I last saw him alive on March 13 1943
and that death occurred on the 13 day and hour stated above.

Immediate cause of death Myocardial Infarction Duration 4 days
Congestive Heart Failure
Due to Arterio Sclerosis

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations

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) (M. D. or other)
23. Signature [Signature] Date signed 3/15/43

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

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.....

Joseph B. Villmer

Licensed Embalmer No. *4014*

P. O. Address.....

380us 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.