

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. _____

Registrar's No. **5401**

FILE

JUN 19 1943
Registration District No. **318**

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**
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:
Missouri Pacific Hospital
(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. **2000 Eugene Ave.** **22**
(If rural, give location)

(e) If foreign born, how long in U. S. A? **0** years.

3. (a) PRINT FULL NAME **George Bisko**

3. (b) If veteran, name war _____

3. (c) Social Security No. **702-12-4264**

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

6. (g) Single, widowed, married, divorced **Wid.**

6. (b) Name of husband or wife **Rosa**

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

7. Birth date of deceased **January 31 1885**
(Month) (Day) (Year)

8. AGE: Years **58** Months **4** Days **11** If less than one day _____ hr. _____ min.

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

10. Usual occupation **Cement Worker**

11. Industry or business _____

MOTHER FATHER { 12. Name **Anto Bisko**

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

14. Maiden name **Marie Penova**

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

16. (a) Informant **Anna Hajduk**

(b) Address **5153a Page Ave.**

17. (a) **Burial** (Burial, cremation, or removal)

(b) Date thereof **June 15, 1943**
(Month) (Day) (Year)

(c) Place: burial or cremation **Calvary**

18. (a) Signature of funeral director **W. C. Mayhew**

(b) Address **1926 Allen Ave**

19. (a) **JUN 13 1943** (Date received local registrar)

(b) **J. F. Brudeck** (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **June** day **12**
year **1943** hour **3** minute **25** P. M.

21. I hereby certify that I attended the deceased from **6-6**, 19**43** to **6-12**, 19**43**
that I last saw **him** alive on **6-12**, 19**43**
and that death occurred on the date and hour stated above.

Immediate cause of death **myocardial failure**

Due to **Chronic myocarditis**

Due to **Asthma, bronchial**

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

Major findings: **none**

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? _____

23. Signature **H. R. Albertson** (M. D. or other) **M. D.**

Address **Missouri Pacific Hoop** Date signed **6-12-43**

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 *ME*

....., Registered Apprentice No.....
working under my personal supervision.

Signed *Wm. C. Moyall*
Licensed Embalmer No. *1467*
P. O. Address *1926 Allen 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.