

FILED DEC 2 1948

Registration District No. 31448

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:
4550 McPherson 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 Missouri (b) County 000
(c) City or town St. Louis 17
(If outside city or town limits, write "RURAL") 9/2
(d) Street No. 4550 McPherson Ave.
(If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME Clara Francisca Bischoff

3. (b) If veteran, name war Nil 3. (c) Social Security No. None

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife John Bischoff 6. (c) Age of husband or wife if alive 84 years

7. Birth date of deceased Dec. 26 1855
(Month) (Day) (Year)

8. AGE: Years 87 Months 11 Days 17 If less than one day _____ hr. _____ min.

9. Birthplace Unknown Germany 4
(City, town, or county) (State or foreign country)

10. Usual occupation Housewife

11. Industry or business At Home

MOTHER FATHER { 12. Name Göttlieb Richter
13. Birthplace Unknown Germany 4
(City, town, or county) (State or foreign country)

{ 14. Maiden name Unknown
15. Birthplace Unknown Germany 4
(City, town, or county) (State or foreign country)

16. (a) Informant John Bischoff
(b) Address 4550 McPherson Ave.

17. (a) Burial (b) Date thereof 12-15-43
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Lake Charles Cemetery

18. (a) Signature of funeral director Albert H. Hoppe, Inc.
(b) Address 4700 Washington Blvd.

19. (a) DEC 14 1943 (b) J. Breuel
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec. day 13
year 1943 hour 6 AM minute _____ M.

21. I hereby certify that I attended the deceased from 12-4-43
to 12-13-43, 19____;
that I last saw her alive on 12-12-43, 19____;
and that death occurred on the date and hour stated above.

Immediate cause of death _____ Duration 10 da
Bronchopneumonia

Due to _____
Due to _____

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

PHYSICIAN
Major findings: _____
Of operations _____
Of autopsy _____
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? _____

(Specify type of place) _____
(e) Means of injury _____
23. Signature Walter H. Spoenemann M. D. or other _____
Address 1506 St. Louis Date signed 12-14-48

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

John Agnoski

Licensed Embalmer No. *3398*

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.