

FILED JAN 21 1944 318

Registration District No. 1003

Registrar's No. 208

1. PLACE OF DEATH:

(a) County St. Louis
(b) City or town St. Louis
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
916 Russell 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 Unknown
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 000
(c) City or town St. Louis 17 23
(If outside city or town limits, write "RURAL")
(d) Street No. 916 Russell Ave.
(If rural, give location)
(e) Citizen of foreign country? -- (Yes or No)
If yes, name country 1

3. (a) PRINT FULL NAME Emma 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, Widowed
6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased March 16, 1874
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
69 9 20 hr. min.

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

10. Usual occupation Home

11. Industry or business _____

MOTHER FATHER { 12. Name Joseph Haas
13. Birthplace Germany (City, town, or county) (State or foreign country)
14. Maiden name Unknown
15. Birthplace Unknown (City, town, or county) (State or foreign country)

16. (a) Informant August Bischoff
(b) Address 916 Russell Ave.

17. (a) Burial (b) Date thereof 1 10 44
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Old SS Peter & Paul Cem.

18. (a) Signature of funeral director Shelby H. Wash. Wash. Co.
(b) Address 3634 Gravois Avenue

19. (a) JAN 8 1944 (b) J. F. Bruesch
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month January day 6
year 1944 hour 4 minute 30 A. M.

21. I hereby certify that I attended the deceased from March 5, 1940 to Jan 6, 1944
that I last saw her alive on Jan 6, 1944
and that death occurred on the date and hour stated above.

Immediate cause of death Ch. rad. car. d. i. t. i. s.
Ch. interstitial nephritis

Due to _____
Due to 1/21

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) (e) Means of injury _____

23. Signature J. Schindler (M. D. or other) MD
Address 2200 N. 9th Date signed 1/21/44

Duration
3 yrs
3 yrs
PHYSICIAN
Underline the cause to which death should be charged statistically.

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.....
Frank J. Gylans

Licensed Embalmer No. *2645*

P. O. Address *St Louis 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.