

FILED AUG 21 1944  
3 17

Registration District No. 3 17

Primary Registration District No. 2002

Registrar's No. 1693

1. PLACE OF DEATH:

(a) County St. Louis  
(b) City or town University City  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution:  
7281 Greenway  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution \_\_\_\_\_ (Specify whether)  
In this community Life  
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County St. Louis  
(c) City or town University City  
(If outside city or town limits, write "RURAL")  
(d) Street No. 7281 Greenway  
(If rural, give location)  
(e) Citizen of foreign country? \_\_\_\_\_ (Yes or No)  
If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME Henry Bischoff, Jr.

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

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced, Married  
6. (b) Name of husband or wife Mathilda Stettes 6. (c) Age of husband or wife if alive 70 years  
7. Birth date of deceased July 17, 1868  
(Month) (Day) (Year)

8. AGE: Years 76 Months - Days 20 If less than one day hr. min.

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

10. Usual occupation Retired

11. Industry or business Meat Packer

MOTHER FATHER

12. Name Henry Bischoff, Sr.  
13. Birthplace Borgholzhausen, Germany (City, town, or county) (State or foreign country)  
14. Maiden name Henrietta Geismann  
15. Birthplace Diessen, Germany (City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Henry Bischoff,  
(b) Address 7281 Greenway

17. (a) Cremation (b) Date thereof 8/10/44  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: burial or cremation Oak Grove Chapel

18. (a) Signature of funeral director Robert J. Ambruster  
(b) Address Clayton Road at Concordia Lane

19. (a) AUG 12 1944 (b) E. G. McHarran, M.D.  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month August day 7th  
year 1944 hour 10 minute 10 P. M.

21. I hereby certify that I attended the deceased from July 21, 1944 to August 7, 1944  
that I last saw him alive on August 7, 1944  
and that death occurred on the date and hour stated above.

Immediate cause of death Broncho pneumonia  
Carcinoma of bladder  
Perforation of bladder  
Due to gangrenous cystitis of bladder  
Due to Arteriosclerosis

Other conditions (Include pregnancy within 3 months of death) 57

Major findings: Of operations \_\_\_\_\_  
Of autopsy Confirmed diagnosis

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 D

23. Signature C. C. Deane, Jr. (M. D. None)  
Address Missouri Pacific Hospital Date signed 8/8/44

Duration \_\_\_\_\_  
PHYSICIAN \_\_\_\_\_  
Underline the cause to which death should be charged statistically.

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

APR 22 1946

OCT 19 1945

JAN 6 1945

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**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 Edward J. Beckherst  
Licensed Embalmer No. 2502

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.**