S. No. 2
M—5-43
. 5-17-39
I X36671

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

FILED DEC 28 1945

State File No. 38925

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 11063

1. PLACE OF DEATH:

(a) County

(b) City or town St. Louis Mo.
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: Alexian Bro. 3939 S. Broadway 0
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution (Specify whether
In this community 10 Days
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 0 00

(c) City or town St. Louis 15 17
(If outside city or town limits, write "RURAL")

(d) Street No. 4105 S. Grand Blvd. 9
(If rural, give location) 10

(e) Citizen of foreign country? NO (Yes or No)

If yes, name country

3. (a) PRINT FULL NAME Felix Bisch

3. (b) If veteran, name war No

3. (c) Social Security No.

4. Sex Male 0

5. Color or race White

6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Tessie Mc Kenney

6. (c) Age of husband or wife if alive 56 years

7. Birth date of deceased Jan. 16th 1882
(Month) (Day) (Year)

8. AGE: Years 63 Months 11 Days 0 If less than one day hr. min.

9. Birthplace Valley Mines Mo. 0
(City, town, or county) (State or foreign country)

10. Usual occupation Cleaner

11. Industry or business Self

FATHER
12. Name Henry Bisch
13. Birthplace Pennsylvania 1
(City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Liona Moon
15. Birthplace Moon Town Mo. 0
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Tessie Bisch

(b) Address 4105 S. Grand Blvd

17. (a) Burial (b) Date thereof 12-20-45
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation New St. Marcus Cem.

18. (a) Signature of funeral director Wingbermuehl & Sons

(b) Address 3819 S. Grand Blvd.

19. (a) DEC 18 1945 J. F. Budeck
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 12 day 16
year 1945 hour 11/30 minute P. M. M.

21. I hereby certify that I attended the deceased from July, 1945 to 12-16, 1945
that I last saw him alive on 12-16, 1945
and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Chronic myocarditis	?
Due to	
Due to	
Other conditions Bronchial Asthma	
(Include pregnancy within 3 months of death)	

Major findings:
Of operations —
Of autopsy no

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?
(Specify type of place)

While at work? (e) Means of injury 0

23. Signature Joseph L. Ferris (M. D. ~~or other~~)

Address 4065-50 Grand Date signed 12/17/45

(Licensed Embalmer's Statement on Reverse Side)

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.....H E Burgess.....

Licensed Embalmer No.....4029.....

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.