S. No. 2
M—5-43
v. 5-17-39
I X36671

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 94

FILED JAN 21 1946

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 240

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: 3400 S Grand Little SistersOf The Poor
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution ONE YEAR (Specify whether years, months or days)

In this community

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. Little Sister Of The Poor 3400 S Grand
(If rural, give location)

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

If yes, name country

3. (a) PRINT FULL NAME DINA 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 Widow

6. (b) Name of husband or wife Jacob Bischoff

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

7. Birth date of deceased Aug 27 1859 (Month) (Day) (Year)

8. AGE: Years	Months	Days	If less than one day
86	4	10	hr. min.

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

10. Usual occupation At Home

11. Industry or business Housewife

MOTHER FATHER

12. Name Philip Eck

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

14. Maiden name ? WETZEL

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

16. (a) Informant JACOB BISCHOFF

(b) Address 918 ALLEN AVE.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Jan. 10/46 (Month) (Day) (Year)

(c) Place: burial or cremation Old S.S.PETER & PAUL

18. (a) Signature of funeral director Thos Curtis & son

(b) Address 2906 Gravois Ave.

19. (a) JAN 8 1946 (Date received local registrar) (b) A Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan day 7th year 1946 hour 4 15 P.M. minute M.

21. I hereby certify that I attended the deceased from Dec 7 1945 to Jan 7 1946 that I last saw her alive on Jan 4 1946 and that death occurred on the date and hour stated above.

Immediate cause of death Coronary Sclerosis — Duration 2 W

Due to Arterio-Sclerosis 2 yr

Due to General 2 yr

Due to Ch Bronchitis 2 m

Other conditions (Include pregnancy within 3 months of death)

Major findings:
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? (Specify type of place)

While at work? (e) Means of injury

23. Signature (M. D. or other)

Address 607 N Grand Date signed 1/8/46

(Licensed Embalmer's Statement on Reverse Side)

2304

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 David Van Lasser

Licensed Embalmer No. 4742

P. O. Address 2906 Grav

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.