

No. 2
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **14864**

FILED APR 25 1947
318

1003

Registration District No. _____ Primary Registration District No. _____ Registrar's No. **3365**

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:
3805a South Compton Avenue
(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 _____

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

(d) Street No. **3805a So. Compton Ave.**
(If rural, give location)

(e) Citizen of foreign country? **No** (Yes or No) _____
If yes, name country _____

3. (a) PRINT FULL NAME **Mary M. Bisesi**

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 **Charles**

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

7. Birth date of deceased - **December 11th, 1887**
(Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
59	3	16	_____ hr. _____ min.

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

10. Usual occupation **home**

11. Industry or business _____

MOTHER FATHER {

12. Name **Christian Schmidt**

13. Birthplace **Unknown**
(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 **Cornelius Bisesi**

(b) Address **3805a So. Compton, St. Louis, Mo.**

17. (a) **burial** (b) Date thereof **Mar. 31, 1947**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **New S.S. Peter & Paul Cemetery**

18. (a) Signature of funeral director **Hacker-Kellner N. & S.C.**

(b) Address **3634 Gravois, St. Louis, Mo.**

19. (a) **MAR 29 1947** (b) **J. P. Brudick**
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **March** day **27th**
year **1947** hour **10** minute **00** P.M.

21. I hereby certify that I attended the deceased from **April 4, 1947** to **Mar 27, 1947**
and that death occurred on the date and hour stated above.

Immediate cause of death **Cerebral Hemorrhage**

Due to _____

Due to _____

Other conditions **Myocarditis**
(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? **0**

(e) While at work? **0** (Specify type of place) (e) Means of injury

23. Signature **Ed West** (M. D. or other) **MO**
Address **5600 S. Compton** Date signed **3/24/47**

Duration
2 hrs

3 days

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 Robert C. White

Licensed Embalmer No. 2128

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.