#78767

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

FILED NOV 7 1947

Registration District No. 318

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 1003

State File No. 35516

Registrar's No. 9983

No. 2 —1/47 5-17-39

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

1. PLACE OF DEATH:
(a) County
(b) City or town St. Louis, Missouri.
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: City Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution (Specify whether years, months or days)
In this community

2. USUAL RESIDENCE OF DECEASED:
(a) State Mo. (b) County Normandy 96
(c) City or town NORMANDY
(If outside city or town limits, write "RURAL")
(d) Street No. 3412 LUCAS HUNT RD, N.R.
(If rural, give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME ELLA BISCHOFF
3. (b) If veteran, name war ✓
3. (c) Social Security No. ✓
4. Sex F
5. Color or race W
6. (a) Single, widowed, married, divorced M
6. (b) Name of husband or wife FRED
6. (c) Age of husband or wife if alive 72 years
7. Birth date of deceased April (Month) 29 (Day) 1878 (Year)

8. AGE: Years 69 Months 5 Days 29 If less than one day hr. min.

9. Birthplace ST. LOUIS (City, town, or county) MO (State or foreign country)
10. Usual occupation HOUSE WORK
11. Industry or business HOME
MOTHER
12. Name THOMAS DANDAS
13. Birthplace NORWAY (City, town, or county) (State or foreign country)
FATHER
14. Maiden name KATHERINE DONT KNOW
15. Birthplace ENGLAND (City, town, or county) (State or foreign country)
16. (a) Informant FRED BISCHOFF
(b) Address 3412 Lucas Hunt Rd
17. (a) BURIAL (Burial, cremation, or removal) (b) Date thereof NOV 1, 1947 (Month) (Day) (Year)
(c) Place: burial or cremation NEW ST. MARCHS
18. (a) Signature of funeral director Provost and Co
(b) Address 3710 N. Grand Blvd
19. (a) OCT 29 1947 (Date received by local registrar) (b) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct. day 28th year 1947 hour 2:30 minute P M.
21. I hereby certify that I attended the deceased from 10/20/47 to Oct. 28th 1947 that I last saw her alive on Oct. 28th 1947 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Subarachnoid hemorrhage.	
Due to Aneurysm of circle of willis	
Due to	
Other conditions (Include pregnancy within 3 months of death) No.	
Major findings: Of operations	
Of autopsy Rupture of blood at base of brain	

PHYSICIAN — Underline the cause of 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 J. M. Koehler M.D. (M.D. or other)
Address 1515 Lafayette Date signed 10/28/47
J. M. Koehler

Jefferson City Printing Co. (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 Albert May Field

Licensed Embalmer No. 3077

P. O. Address 3710 N. Grand Blvd

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.