

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD 8-8-51

FILED AUG 15 1951

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **24560**
6953

BIRTH NO. _____		REG. DIST. NO. 318		PRIMARY REG. DIST. NO. 1003		Registrar's No. _____	
1. PLACE OF DEATH a. COUNTY _____				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY _____			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis		c. LENGTH OF STAY (In this place) _____		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis		2149	
d. FULL NAME OF HOSPITAL OR INSTITUTION St. Luke's Hospital				/ STREET ADDRESS (If rural, give location) 4963 Mardel Ave.			
3. NAME OF DECEASED (Type or Print) a. (First) Christine		b. (Middle) Louise		c. (Last) Bischer		4. DATE OF DEATH (Month) (Day) (Year) Aug. 2, 1951	
5. SEX Female	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widow	8. DATE OF BIRTH Oct. 30, 1877		9. AGE (In years last birthday) 73	IF UNDER 1 YEAR Months _____ Days _____	IF UNDER 4 HRS. Hours _____ Min. _____
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife		10b. KIND OF BUSINESS OR INDUSTRY _____		11. BIRTHPLACE (State or foreign country) Menree Co., Ill.		12. CITIZEN OF WHAT COUNTRY? U.S.	
13a. FATHER'S NAME Jacob Doerr		13b. MOTHER'S MAIDEN NAME Christine Hagemeyer		14. NAME OF HUSBAND OR WIFE John C.			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No		16. SOCIAL SECURITY NO. None		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Walter P. Fenner, Rt. 4, Box 665,			
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)				MEDICAL CERTIFICATION Bellefontaine Rd.			INTERVAL BETWEEN ONSET AND DEATH
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Broncho-pneumonia				DUPLICATE (b) Generalized arteriosclerosis			Years
*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.				DUPLICATE (c) Gangrene right leg			3 weeks
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.							
19a. DATE OF OPERATION 7/22/51		19b. MAJOR FINDINGS OF OPERATION (Dr. Carl Lischer) Amputation left leg for arteriosclerotic gangrene				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify) _____		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) _____		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) _____			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) _____		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? 450K			
22. I hereby certify that I attended the deceased from March 3, 1946 , to August 2, 1951 , that I last saw the deceased alive on August 2, 1951 , and that death occurred at 1:00p. m., from the causes and on the date stated above.							
23a. SIGNATURE W Baumgarten (Degree or title) M.D.				23b. ADDRESS 3720 Washington Blvd., St. Louis		23c. DATE SIGNED Aug. 3, 1951	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 8-6-51	24c. NAME OF CEMETERY OR CREMATORY Friedens		24d. LOCATION (City, town, or county) (State) St. Louis Co., Mo.		
DATE REC'D BY LOCAL REG. AUG 3 1951		REGISTRAR'S SIGNATURE J B Parola		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Albert H. Hoppe, 4700 Washington Blvd.			

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 _____

Student Embalmer No. _____

working under my personal supervision.

Student
Student Embalmer

Signed

John J. Barnes

Licensed Embalmer No. *4608*

P. O. Address *St. Louis 21 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.