

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **42767**  
11390  
Registrar's No. **11390**

FILED JAN 10 1952

REG. DIST. NO. **318** PRIMARY REG. DIST. NO. **1003**

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>Mo</b> b. COUNTY <b>2024</b>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>St Louis</b>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>St Louis</b>	
c. LENGTH OF STAY (In this place)		d. STREET ADDRESS (If rural, give location) <b>4819 Austria</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>4819 Austria</b>		2	
3. NAME OF DECEASED (Type or Print) a. (First) <b>Oscar</b> b. (Middle) c. (Last) <b>Biskup</b>		4. DATE OF DEATH (Month) (Day) (Year) <b>Dec. 21, 1951</b>	
5. SEX <b>male</b>	6. COLOR OR RACE <b>white</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED, <b>married</b> (Specify)	8. DATE OF BIRTH <b>July 13, 1884</b>
9. AGE (In years last birthday) <b>67</b>		10. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) <b>St Louis Mo</b>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Pattern maker</b>		12. CITIZEN OF WHAT COUNTRY? <b>USA</b>	
13a. FATHER'S NAME <b>Ignatz Biskup</b>		13b. MOTHER'S MAIDEN NAME <b>Caroline Streib</b>	
14. NAME OF HUSBAND OR WIFE <b>Lena Biskup</b>		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <b>no</b> (If yes, give war or dates of service)	
16. SOCIAL SECURITY NO.		17. INFORMANT'S SIGNATURE OR NAME <b>Lena Biskup</b> ADDRESS <b>4819 Austria</b>	

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)  <i>*This does not mean the mode of dying, such as heart failure, ashenia, etc. It means the disease, injury, or complication which caused death.</i>		MEDICAL CERTIFICATION <b>Generalized Carcinomatosis</b>		INTERVAL BETWEEN ONSET AND DEATH <b>10 mos.</b>
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a)		ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.  DUE TO (c)		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.				
19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>	

21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., sea.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from May 15, 1951 to 12-22, 1951, that I last saw the deceased alive on 12-21, 1951, and that death occurred at 10:00P m., from the causes and on the date stated above.

23a. SIGNATURE (Name or title) <b>Joseph Backlund</b>	23b. ADDRESS <b>4914 Gravois</b>	23c. DATE SIGNED <b>12-22-51</b>
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Removal</b>	24b. DATE <b>12/24/51</b>	24c. NAME OF CEMETERY OR CREMATORY <b>Lakewood Park Cem.</b>
24d. LOCATION (City, town, or county) (State) <b>St Louis County, Mo.</b>	25. FUNERAL DIRECTOR'S SIGNATURE <b>L Ziegenhein &amp; Sons</b> ADDRESS <b>7027 Gravois</b>	
DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE <b>DEC 24 1951</b> <b>Carl Smith</b>	25. FUNERAL DIRECTOR'S SIGNATURE <b>L Ziegenhein &amp; Sons</b> ADDRESS <b>7027 Gravois</b>	

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

FL 3263

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.....

.....  
working under my personal supervision.

Student Embalmer No.....

Signed *Neville B. Frohwitter*

Signed.....  
Student Embalmer

Licensed Embalmer No. *3696*

P. O. Address *7027 Travis*

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.