

U.S. DEPARTMENT OF HEALTH, EDUCATION & WELFARE
STANDARD CERTIFICATE OF DEATH

36180
State File No. 9546

FILED NOV 12 1952

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) St. Louis		c. CITY (If outside corporate limits, write RURAL and give township) St. Louis	
c. LENGTH OF STAY (In this place) 53 yrs		d. STREET ADDRESS (If rural, give location) 6729 Arsenal Street	
d. FULL NAME OF HOSPITAL OR INSTITUTION Missouri Baptist Hosp.		3. NAME OF DECEASED a. (First) Henry b. (Middle) L. c. (Last) Bischoff	
4. DATE OF DEATH (Month) (Day) (Year) Oct 15, 1952		5. SEX male	
6. COLOR OR RACE white		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) married	
8. DATE OF BIRTH February 20th, 1899		9. AGE (In years) (Months) (Days) (Hours) (Min.) 53	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Shoe Worker		10b. KIND OF BUSINESS OR INDUSTRY Shoe factory	
11. BIRTHPLACE (City and State or Foreign Country) St. Louis Mo.		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
13a. FATHER'S NAME Henry A. Bischoff		13b. MOTHER'S MAIDEN NAME Sophie Reichenauer	
14. NAME OF HUSBAND OR WIFE Mary Keller		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) no	
16. SOCIAL SECURITY NO. 492-01-6912		17. INFORMANT'S SIGNATURE OR NAME Mary Bischoff	
17. ADDRESS 6729 Arsenal Str		18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Carcinoma of Bladder</u>	
*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.		INTERVAL BETWEEN ONSET AND DEATH 4 years	
II. ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) ✓ 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 May 1/50		19b. MAJOR FINDINGS OF OPERATION Carcinoma of Bladder	
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? 181X		22. I hereby certify that I attended the deceased from Feb 18, 1939 , to Oct 15, 1952 , that I last saw the deceased alive on Oct 15, 1952 , and that death occurred at 12:10 P.M. , from the causes and on the date stated above.	
23a. SIGNATURE (Degree or title) Joseph E. Glenn M.D.		23b. ADDRESS 958 Aracade Bldg	
23c. DATE SIGNED 10/14/52		24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	
24b. DATE Oct. 18th, 1952		24c. NAME OF CEMETERY OR CREMATORY ew St. Marcus Cem.	
24d. LOCATION (City, town, or county) (State) St. Louis Co. Mo.		25. FUNERAL DIRECTOR'S SIGNATURE Henry L. Weidemuller	
DATE REC'D BY LOCAL REG. OCT 16 1952		25. ADDRESS 6203 Gravois	

WRITE PLAINLY—USING 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 Me

Student Embalmer No. _____

working under my personal supervision.

Student
Student Embalmer

Signed Elton R. Penelico

Licensed Embalmer No. 4283

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.