

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **26134**  
**6959**

FILED JUL 31 1953

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. **318** PRIMARY REG. DIST. NO. **1003** Registrar's No. \_\_\_\_\_

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

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <b>Missouri</b> b. COUNTY	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>St. Louis, Mo.</b>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>St. Louis</b> <b>2149</b>	
c. LENGTH OF STAY (In this place)		d. STREET ADDRESS (If rural, give location) <b>14 5339 Itaska St.</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>Firmin Desloge Hospital</b>			

3. NAME OF DECEASED (Type or Print) a. (First) <b>AUGUST</b> b. (Middle) <b>August</b> c. (Last) <b>JOSEPH BISANTZ</b>	4. DATE OF DEATH (Month) (Day) (Year) <b>7-13-53</b>
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5. SEX <b>0</b> <b>Male</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Married</b>	8. DATE OF BIRTH <b>Aug. 7, 1875</b>	9. AGE (In years last birthday) <b>77</b>	IF UNDER 1 YEAR Months Days	IF UNDER 24 HRS. Hours Mins.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Paper Cutter &amp; Bookbinder—Woodward-Tiernon Co.</b>	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and State or Foreign Country) <b>0</b> <b>St. Louis, Mo.</b>	12. CITIZEN OF WHAT COUNTRY?
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13a. FATHER'S NAME <b>Joseph Bisantz</b>	13b. MOTHER'S MAIDEN NAME <b>Caroline Matt</b>	14. NAME OF HUSBAND OR WIFE <b>Bertha</b>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>no</b>	16. SOCIAL SECURITY NO. <b>488-10-9369</b>	17. INFORMANT'S SIGNATURE OR NAME <b>Bertha Bisantz</b>	ADDRESS <b>5339 Itaska St.</b>
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18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)  *This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Cancer of Stomach</b>		INTERVAL BETWEEN ONSET AND DEATH
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last... DUE TO (b) <b>Hepatic Insufficiency</b>		
	DUE TO (c)		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <b>Fatty Infiltration of Liver, Pneumonia, Atelectasis, Heart Failure</b>			

19a. DATE OF OPERATION <b>7/10/53</b>	19b. MAJOR FINDINGS OF OPERATION <b>Inflamed Necrosis</b>	20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>
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21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR <b>151X</b>
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22. I hereby certify that I attended the deceased from **7/6**, 19**53**, to **7/13**, 19**53**, that I last saw the deceased alive on **7/13**, 19**53**, and that death occurred at **1:55 p.m.**, from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <b>Donald R. Burkhardt, M.D.</b>	23b. ADDRESS <b>Firmin Desloge Hosp.</b>	23c. DATE SIGNED <b>7/10/53</b>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <b>burial</b>	24b. DATE <b>7-15-53</b>	24c. NAME OF CEMETERY OR CREMATORY <b>St. Matthews Cemetery</b>	24d. LOCATION (City, town, or county) (State) <b>St. Louis, Mo.</b>
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DATE REC'D BY LOCAL REG. <b>11/15 1953</b>	REGISTRAR'S SIGNATURE <b>J. Carl Smith</b>	25. FUNERAL DIRECTOR'S SIGNATURE <b>Gabken-Benz Mortuary</b>	ADDRESS <b>2842 Meramec St.</b>
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STAINING

**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 Joe B. Benz  
Licensed Embalmer No. 014249

P. O. Address \_\_\_\_\_

**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.