

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

6146

State File No. ....

FILED FEB 17 1956

REG. DIST. NO. 318

PRIMARY REG. DIST. NO. 1003

Registrar's No. 694

BIRTH NO. _____		REG. DIST. NO. 318		PRIMARY REG. DIST. NO. 1003		Registrar's No. 694			
1. PLACE OF DEATH a. COUNTY				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)					
b. CITY (If outside corporate limits, write RURAL and give township) St. Louis				c. LENGTH OF STAY (In this place) years		a. STATE Missouri			
d. FULL NAME OF HOSPITAL OR INSTITUTION 8922 Halls Ferry Road				c. CITY OR TOWN St. Louis		b. COUNTY			
3. NAME OF DECEASED (Type or Print) August				a. (First)		b. (Middle)			
5. SEX Male				6. COLOR OR RACE white		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) married			
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Gardner (Retired)				10b. KIND OF BUSINESS OR INDUSTRY Bellefontaine Cemetery		11. BIRTHPLACE (City and State or Foreign Country) St. Louis Missouri			
13a. FATHER'S NAME Frederick W. Bischoff				13b. MOTHER'S MAIDEN NAME Mary Lebrum		14. NAME OF HUSBAND OR WIFE Rose Mary Bischof			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)				16. SOCIAL SECURITY NO. 488-05-1386		17. INFORMANT'S SIGNATURE OR NAME Mrs. Rose Mary Bischof			
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.				MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Carcinoma Prostate + ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Carcinomatosis DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.				INTERVAL BETWEEN ONSET AND DEATH 6 years 2 years	
19a. DATE OF OPERATION 1950				19b. MAJOR FINDINGS OF OPERATION Carcinoma				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?			
22. I hereby certify that I attended the deceased from March 27, 1953, to Jan. 20, 1956, that I last saw the deceased alive on Jan 13, 1956, and that death occurred at 1 P. m., from the causes and on the date stated above.									
23a. SIGNATURE N. J. Honick				23b. ADDRESS 8902 Riverview Blvd		23c. DATE SIGNED 1-20-56			
24a. BURIAL CREMATION, REMOVAL (Specify) Burial		24b. DATE Jan 23 1956		24c. NAME OF CEMETERY OR CREMATORY Friedens Cemetery		24d. LOCATION (City, town, or county) (State) St. Louis Missouri			
DATE REC'D BY LOCAL REG. JAN 21 1956				REGISTRAR'S SIGNATURE J. Carl Smith		25. FUNERAL DIRECTOR'S SIGNATURE MATH HERMANN & SON, INC., 2161 E. Fair Av			

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

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**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.....  
Signature of Student Embalmer

Signed.....  
Licensed Embalmer No.....  
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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.  
If this body is not embalmed, fact should be so stated above.