

FILED JUN 11 1956

## STANDARD CERTIFICATE OF DEATH

State File No. 16851

BIRTH NO.		REG. DIST. NO. 162		PRIMARY REG. DIST. NO. 5594		Registrar's No. 48			
1. PLACE OF DEATH a. COUNTY <b>JEFFERSON</b>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <b>MISSOURI</b> b. COUNTY <b>ST. LOUIS</b>					
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>RURAL-MERAMEC</b>		c. LENGTH OF STAY (In this place) <b>1 M. 14 D</b>		c. CITY OR TOWN <b>RICHMOND HEIGHTS</b>		d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>			
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>ST. Joseph's Hill Infirmary</b>				e. STREET ADDRESS (If rural, give location) <b>7208 DALE 4480 i</b>					
3. NAME OF DECEASED (Type or Print) a. (First) <b>ROBERT</b>		b. (Middle) <b>EMIL</b>		c. (Last) <b>BISCH</b>		4. DATE OF DEATH (Month) (Day) (Year) <b>MAY 28 1956</b>			
5. SEX <b>MALE</b>		6. COLOR OR RACE <b>WHITE</b>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>WIDOWED</b>		8. DATE OF BIRTH (last birthday) (Month) (Day) (Year) <b>JAN. 13 1868 88 7 15</b>			
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>BOOKKEEPER</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>UNKNOWN</b>		11. BIRTHPLACE (City and State or Foreign Country) <b>ST. GENEVIEVE, MO.</b>		12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>			
13a. FATHER'S NAME <b>CHARLES BISCH</b>			13b. MOTHER'S MAIDEN NAME <b>ESTELLE WATERS</b>			14. NAME OF HUSBAND OR WIFE <b>ALICE SHEEHAN</b>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>UNKNOWN</b>		16. SOCIAL SECURITY NO. <b>UNKNOWN</b>		17. INFORMANT'S SIGNATURE OR NAME AND ADDRESS <b>Brother Conrad - St. Joe's Hill Inf. - St. Louis, Mo.</b>					
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, asthenia, etc. It means the disease, injury, or complication which caused death.				MEDICAL CERTIFICATION				INTERVAL BETWEEN ONSET AND DEATH	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>CARDIAC INSUFFICIENCY</b>				ANTECEDENT CAUSES					
				DUE TO (b) <b>BRONCHIO-PNEUMONIA</b>					
				DUE TO (c) <b>ARTERIOSCLEROSIS</b>					
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 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) (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 <b>APRIL 14, 1956</b> , to <b>MAY 28, 1956</b> , that I last saw the deceased alive on <b>MAY 27, 1956</b> and that death occurred at <b>1:00 A.M.</b> , from the causes and on the date stated above.									
23a. SIGNATURE <b>R. Marder M.D.</b>				23b. ADDRESS <b>NORMANDY, MO. 4323 ROLAND DRIVE</b>		23c. DATE SIGNED <b>5/28/56</b>			
24a. BURIAL OR CREMATION REMOVAL (Specify) <b>Burial</b>		24b. DATE <b>5/29/56</b>		24c. NAME OF CEMETERY OR CREMATORY <b>Calvary Cem</b>		24d. LOCATION (City, town, or county) (State) <b>St. Louis Mo</b>			
DATE REC'D BY LOCAL REG. <b>6-3-1956</b>		REGISTRAR'S SIGNATURE <b>Ruth Josa</b>		25. FUNERAL DIRECTOR'S SIGNATURE <b>Arthur J. Donnelly</b>		ADDRESS <b>St. Louis 3840 Lindell</b>			

(Licensed Embalmer's Statement on Reverse Side)

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

0.300  
0.4843  
0

JEFFERSON COUNTY HEALTH DEPT.  
HILLSBORO, MISSOURI

DATE RECEIVED

JUN 6 1956

9961 6 I NOV

JUN 6 1956

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.....  
*Wm S Sathen*

Licensed Embalmer No. *46*

P. O. Address *St Louis*  
*3840 Lindell*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (If 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.