

MISSOURI DIVISION OF PUBLIC HEALTH AND WELFARE  
 STANDARD CERTIFICATE OF DEATH

318

1003

5598

-61-022313

AMENDED

Registration District No. \_\_\_\_\_ Primary Registration District No. \_\_\_\_\_ Registrar's No. \_\_\_\_\_ STATE FILE NUMBER

FILED JUN 26 1961

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Mo. b. COUNTY	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN St. Louis		c. CITY OR TOWN St. Louis	
Length of stay in 1b		Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (IF NOT in hospital, give location) HOSPITAL OR INSTITUTION City Hosp No. 1		d. STREET ADDRESS (If outside, give location) 4044 a Flad Avenue	
Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/>	
3. NAME OF DECEASED (Type or print) First Middle Last Mathias Bischof			4. DATE OF DEATH Month Day Year 6-13-61
5. SEX Male	6. COLOR OR RACE White	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH 3-10-27
9. AGE (last birthday) 34		IF UNDER 1 YEAR Months Days	IF UNDER 24 HR Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Laborer		10b. KIND OF BUSINESS OR INDUSTRY City Forestry	11. BIRTHPLACE (City and state or country) Yugoslavia
12. CITIZEN OF WHAT COUNTRY U.S.		13a. FATHER'S NAME Dominick Bischof	
13b. MOTHER'S MAIDEN NAME Magdalene Buchner		14. NAME OF HUSBAND OR WIFE Louis Posel Bischof	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No.		17. INFORMANT Louis Bischof 4044 a Flad	

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).  
 PART I. DEATH WAS CAUSED BY:  
 IMMEDIATE CAUSE (a) Burns caused by lightning on thigh and ankle, suffered when struck by lightning while working in Forest Park, about 2 P.M. June 13, 1961, during storm accident  
 DOE TO (b) \_\_\_\_\_  
 DOE TO (c) \_\_\_\_\_  
 INTERVAL BETWEEN ONSET AND DEATH \_\_\_\_\_

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) 935.4-11  
 PART III. If deceased was female was there a pregnancy in last 90 days.  Yes  No  Unknown

19. WAS AUTOPSY PERFORMED? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	20a. ACCIDENT <input checked="" type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.) See above
20c. TIME OF INJURY Hour 2:11 p.m. Month, Day, Year 6-13-61	20d. INJURY OCCURRED WHILE AT WORK <input checked="" type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	
20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) 00 Park	20f. CITY, TOWN, OR LOCATION St Louis, Mo	COUNTY _____ STATE _____
21. I attended the deceased from _____ to _____ and last saw her/him alive on _____ Death occurred at _____ m on the date stated above, and to the best of my knowledge, from the causes stated. $\text{\$}$		

22a. SIGNATURE Joseph M. Zeman (Degree or title)	22b. ADDRESS 1300 Clark	22c. DATE SIGNED 6-12-61
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE 6-16-61	23c. NAME OF CEMETERY OR CREMATORY Resurrection
23d. LOCATION (City, town, or county) St. Louis		(State) _____

24. FUNERAL DIRECTOR Thos. J. Zeman 1519 S Grand	25. DATE RECD. BY LOCAL REG. JUN 15 1961	26. REGISTRAR'S SIGNATURE Paul Smith, M.D.
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DATE AMENDED

INSTEAD OF

DOCUMENT

MEDICAL CERTIFICATION

ITEM NO. SHOULD READ

BY AFFIDAVIT OF

**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 J. W. Bembley  
Licensed Embalmer No. 3653

P. O. Address J. Lawler

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.