WRITE PLAINLY, WITH UNFADING INK--THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

JAN 3 1934

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

Do not use this space. 37944

1. PLACE OF DEATH

County ..... Registration District No. 31 File No. 9568

Township ..... Primary Registration District No. 1003 Registered No. .....

City St. Louis (No. 2226, McCausland av. St. ..... Ward)

2. FULL NAME Edward M. Bisso

(a) Residence, No. 2226 McCausland St., 4 Ward. .....
(Usual place of abode) (If nonresident, give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX M.

4. COLOR OR RACE W.

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Mary Bisso

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Jan. 24 1859

7. AGE YEARS 74 MONTHS 9 DAYS 10 If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Carpenter

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Wellerton Planning Mill

10. Date deceased last worked at this occupation (month and year) 1925

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) St. Louis Missouri

FATHER

13. NAME Maxine Bisso

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Canada

MOTHER

15. MAIDEN NAME Louisa Belleville

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Missouri

17. INFORMANT Mrs. Mary Bisso
(ADDRESS) 2226 McCausland

18. BURIAL, CREMATION, OR REMOVAL
PLACE Calvary Cem. DATE Nov. 7 1933

19. UNDERTAKER Kriegshauser Mortuaries
(ADDRESS) 4228 Kingshighway Blvd

20. FILED NOV -9 1933 19 J. F. Biedeck Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Nov. 4 1933

22. I HEREBY CERTIFY, That I attended deceased from May 1, 1929, to Nov 4, 1933

I last saw him alive on Nov 3, 1933. Death is said to have occurred on the date stated above, at 7-a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Arterio Sclerosis	1925
436	
97	
Other contributory causes of importance:	
Myocarditis Chronic	1930

Name of operation — Date of .....

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence), fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 19....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify .....

(Signed) N. M. Freund, M. D.

(Address) 1727 Lafayette