

JAN 23 1935

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

Do not use this space.

44363

## 1. PLACE OF DEATH

County St. Louis Registration District No. 790 File No. \_\_\_\_\_  
Township Central Primary Registration District No. 6033 Registered No. 413  
City Layton (No. Kent Road) St. \_\_\_\_\_ Ward \_\_\_\_\_

## 2. FULL NAME

Alexander Bischoff,

(a) Residence, No. Kent Road St. \_\_\_\_\_ Ward \_\_\_\_\_ (If nonresident, give city or town and State)  
(Usual place of abode)

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 Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Emma Bischoff

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 10/18/1889

7. AGE YEARS MONTHS DAYS If LESS than 1 day, ..... hrs. or ..... min.  
45 1 26

OCCUPATION 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Prod.  
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Westover Nurseries Co  
10. Date deceased last worked at this occupation (month and year) ..... 11. Total time (years) spent in this occupation.....

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) St. Louis Mo13. NAME Gustave Bischoff14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Germany15. MAIDEN NAME Mimmie Eicks16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) St. Louis Mo17. INFORMANT Mrs Emma Bischoff  
(ADDRESS) Kent Road Ladue Village18. BURIAL, CREMATION, OR REMOVAL  
PLACE Bellefontaine DATE 12/17/34 19. \_\_\_\_\_19. UNDERTAKER Robert J. Ambrose & Co  
(ADDRESS) 6633 Clayton Road20. FILED 12/17 1934 Roll J. Ambrose  
Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) December 14th, 193422. I HEREBY CERTIFY, That I attended deceased from May 10, 1934, to December 14th, 1934I last saw him alive on December 14, 1934 Death is saidto have occurred on the date stated above, at 9:25 P.

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

Brain Abscess Date of onset 3th  
Meningitis 3da  
Septicemia 19th  
Multiple Abscess of Scalp 19th

Other contributory causes of importance:

Appendectomy Cholecystectomy 1934  
Empyema - Thoracotomy July 11, 1934

Name of operation Incision Scalp & drainage Date of Dec 7, 1934What test confirmed diagnosis? Op. & Autopsy Here an autopsy? Yes23. 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.

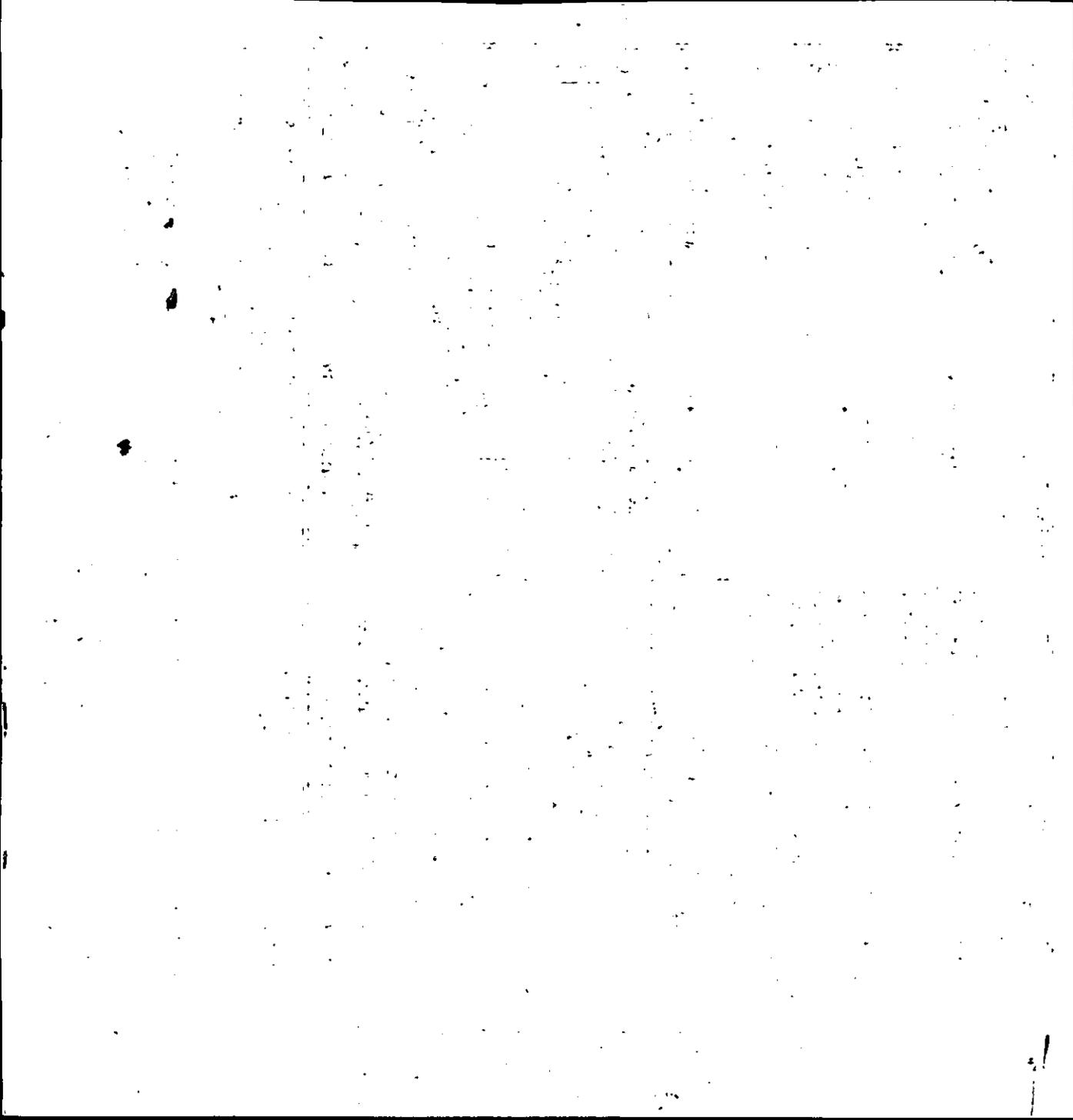
Manner of injury \_\_\_\_\_

Nature of injury \_\_\_\_\_

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

If so, specify \_\_\_\_\_

(Signed) Robert G. Schlichter, M. D.(Address) 514 West 12th St. St. Louis



**MISSOURI STATE BOARD OF HEALTH  
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CERTIFICATE OF DEATH**

ALL INFORMATION CALLED  
FOR MUST BE WRITTEN ON  
THIS SUPPLEMENTARY.

**1. PLACE OF DEATH**

County St. Louis Registration District No. 790 File No. \_\_\_\_\_  
Township \_\_\_\_\_ Primary Registration District No. 6033a Registered No. 413  
City \_\_\_\_\_ (No. \_\_\_\_\_) St. \_\_\_\_\_ Ward \_\_\_\_\_

**2. FULL NAME**

Alexander Bischoff  
(a) Residence, No. \_\_\_\_\_ St. \_\_\_\_\_ Ward \_\_\_\_\_  
(Usual place of abode)  
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. (If nonresident, give city or town and State)

**PERSONAL AND STATISTICAL PARTICULARS**

3. SEX m 4. COLOR OR RACE w 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) m  
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF \_\_\_\_\_

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) \_\_\_\_\_

7. AGE YEARS MONTHS DAYS If LESS than 1 day, or \_\_\_\_\_  
45 1 26

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. \_\_\_\_\_  
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. \_\_\_\_\_  
10. Date deceased last worked at this occupation (month and year) \_\_\_\_\_  
11. Total time (years) spent in this occupation \_\_\_\_\_

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) \_\_\_\_\_

13. NAME \_\_\_\_\_

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) \_\_\_\_\_

15. MAIDEN NAME \_\_\_\_\_

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) \_\_\_\_\_

17. INFORMANT (ADDRESS) \_\_\_\_\_

18. BURIAL, CREMATION, OR REMOVAL PLACE DATE 19\_\_\_\_

19. UNDERTAKER (ADDRESS) \_\_\_\_\_

20. FILED 19Robt J. Humbert Registrar

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Dec 14 1934

22. I HEREBY CERTIFY, That I attended deceased from \_\_\_\_\_, 19\_\_\_\_, to \_\_\_\_\_, 19\_\_\_\_  
I last saw him alive on \_\_\_\_\_, 19\_\_\_\_. Death is said to have occurred on the date stated above, at \_\_\_\_\_ m.

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

Acute streptococic  
Date of onset Dec 7, 1934

Other contributory causes of importance: 790 1934

Name of operation \_\_\_\_\_ Date of \_\_\_\_\_  
What test confirmed diagnosis? \_\_\_\_\_ Was there an autopsy? \_\_\_\_\_

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) Robt J. Humbert, M. D.  
(Address) 514 Metropolitan Bldg

CLIP TO FILE

FEB 5 1935

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