

FILED SEP 25 1940

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 27005

Registration District No. 791

Primary Registration District No.

Registrar's No. 6901

1. PLACE OF DEATH:

(a) County _____
(b) City or town ST. LOUIS
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: ST. ANTHONY HOSPITAL
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 14 DAYS
(Specify whether _____)
In this community _____
years, months or days 2 1/2

3. (a) PRINT FULL NAME CATHERINE BISMARCK

3. (b) If veteran, name war No. 3. (c) Social Security No. No.

4. Sex FEMALE 5. Color or race WHITE 6. (a) Single, widowed, married, divorced MARRIED

6. (b) Name of husband or wife HENRY BISMARCK 6. (c) Age of husband or wife if alive 78 years

7. Birth date of deceased A PRIL 10 1880
(Month) (Day) (Year)

8. AGE: Years 60 Months 4 Days 3 If less than one day _____ hr. _____ min.

9. Birthplace SYRIA 7
(City, town, or county) (State or foreign country)

10. Usual occupation HOUSEWIFE.

11. Industry or business _____

MOTHER FATHER { 12. Name (unk) MANSOUR

18. Birthplace SYRIA 7
(City, town, or county) (State or foreign country)

14. Maiden name unknown

15. Birthplace SYRIA. 7
(City, town, or county) (State or foreign country)

16. (a) Informant Anita Bismarck

(b) Address 730 S. 4th ST.

17. (a) BURIAL (b) Date thereof AUG. 16 1940
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation OLD S.S. PETER + PAUL

18. (a) Signature of funeral director E. J. Schurr

(b) Address 3125 Lafayette Ave

19. (a) AUG 15 1940 (b) J. J. Prede
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State MISSOURI (b) County _____
(c) City or town ST. LOUIS 22
(If outside city or town limit, write "RURAL")
(d) Street No. 730 S. 4th ST.
(If rural, give location)
(e) If foreign born, how long in U. S. A.? 30 years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month AUGUST day 13
year 1940 hour 6 minute 25 P.M.

21. I hereby certify that I attended the deceased from July 31-40
1940 to aug 13 1940
that I last saw her alive on aug 13 1940
and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral hemorrhage 3 wks.

Due to _____

Due to _____

Other conditions Cerebral arteriosclerosis
(Include pregnancy within 3 months of death)

Major findings: none

Of autopsy none

Duration
3 wks.
PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) _____
(b) Date of occurrence _____
(c) Where did injury occur? _____
(City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place?

While at work? _____ (Specify type of place) (e) Means of injury _____

23. Signature Edmund F. Sasson (M. D. or other) _____
Address 505 Humboldt Bldg Date signed 8-14-40

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

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.....

....., Registered Apprentice No.....

working under my personal supervision.

Signed Harry J. Schumacher

Licensed Embalmer No. 2679

P. O. Address 732 Lomax

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 this body is not embalmed, above space should be left blank.