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X23159

Registration District No. **791**

Primary Registration District No. **1003**

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

FILED DEC 11 1940

1. PLACE OF DEATH:

(a) County St. Louis

(b) City or town St. Louis

(c) Name of hospital or institution: St. Lukes  
(If outside city or town limits, write "RURAL" and name of township)

(d) Length of stay: In hospital or institution \_\_\_\_\_  
(Specify whether years, months or days)

In this community \_\_\_\_\_  
(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State New Jersey (b) County \_\_\_\_\_

(c) City or town Bayonne **NR**  
(If outside city or town limits, write "RURAL")

(d) Street No. 554 Ave C.  
(If rural, give location)

(e) If foreign born, how long in U. S. A. \_\_\_\_\_ years.

3. (a) PRINT FULL NAME Harry Bisgier

3. (b) If veteran, name war No

3. (c) Social Security No. No

4. Sex Male

5. Color or race White

6. (a) Single, widowed, married, divorced Single

6. (b) Name of husband or wife DOROTHY REIKEN

6. (c) Age of husband or wife if alive 30 years

7. Birth date of deceased August 1907  
(Month) (Day) (Year)

8. AGE: Years About 33 Months \_\_\_\_\_ Days \_\_\_\_\_ If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

9. Birthplace Bayonne New Jersey  
(City, town, or county) (State or foreign country)

10. Usual occupation Clerk

11. Industry or business \_\_\_\_\_

MOTHER FATHER { 12. Name William Bisgier

13. Birthplace Austria  
(City, town, or county) (State or foreign country)

14. Maiden name Yetta Miller

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

16. (a) Informant William Bisgier

(b) Address 554 Ave C.

17. (a) Removal (b) Date thereof 11/4/1940  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation New York

18. (a) Signature of funeral director H. B. Berger

(b) Address 4715 McPherson

19. (a) NOV 8 1940 (b) J. F. Predeck  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov day 3 year 1940 hour 11 minute 35 P. M.

21. I hereby certify that I attended the deceased from Oct 27 \_\_\_\_\_, 1940 Nov 3, 1940, that I last saw him alive on Nov 3, 1940 and that death occurred on the date and hour stated above.

Immediate cause of death Cranotomy for Parkinson's Disease 48 hrs

Due to 476

Due to \_\_\_\_\_

Other conditions Parkinson's Disease 3 yrs  
(Include pregnancy within 3 months of death)

Major findings: Chronic inflammation of Dura arachnoid

Of operations \_\_\_\_\_

Of autopsy \_\_\_\_\_

Duration \_\_\_\_\_

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 30

23. Signature R. D. W... (M. D. or other) \_\_\_\_\_

Address 758 Clara Date signed 11/11/40

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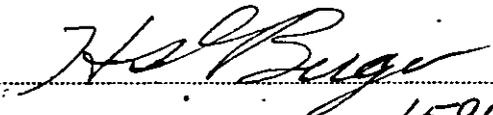
**STATEMENT BY LICENSED EMBALMER**

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.....



Licensed Embalmer No. 1597

P. O. Address.....

**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, fact should be so stated above.**