

FILED OCT 18 1941

STANDARD CERTIFICATE OF DEATH

30411
State File No. _____
7750
Registrar's No. _____

Registration District No. 791

Primary Registration District No. 1003

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:
6606 Clayton Ave.
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____
In this community _____
years, months or days) / (Specify whether)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County _____
(c) City or town St. Louis. 4
(If outside city or town limits, write "RURAL")
(d) Street No. 6606 Clayton Ave.
(If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____ 0

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept. day 26
year 1941 hour 6 minute 45 A.M.

21. I hereby certify that I attended the deceased from May
28, 1941 to Sept 25, 1941;
that I last saw her alive on 8/25/41
and that death occurred on the date and hour stated above.

Immediate cause of death _____
Carcinoma of ascending
Colon and uterus.

Due to Probable primary site in
uterus

Other conditions _____
(Include pregnancy within 3 months of death)

Major findings:
Of operations _____
Of autopsy _____

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 L. Sherry (M. D. or other)
Address Wall Bldg Date signed 9/26/41

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

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

3. (a) PRINT FULL NAME

Alice L. Bisch.

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

4. Sex F. 5. Color or race W. 6. (a) Single, widowed, married, divorced Married.

6. (b) Name of husband or wife Robert E. Bisch. 6. (c) Age of husband or wife if alive 73 years

7. Birth date of deceased July 22, 1872
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
69 2 4 hr. min.

9. Birthplace St. Louis.
(City, town, or county) (State or foreign country)

10. Usual occupation At Home.

11. Industry or business _____

12. Name Daniel Sheehan.

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

14. Maiden name Catherine Fitzgerald.

15. Birthplace St. Louis, Mo.
(City, town, or county) (State or foreign country)

16. (a) Informant Mr. Robert E. Bisch.

(b) Address 6606 Clayton Ave.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 9-29-41
(Month) (Day) (Year)

(c) Place: burial or cremation Calvary Cemetery

18. (a) Signature of funeral director Arthur J. Donnelly

(b) Address 3840 Lyndell Blvd

19. (a) SEP 26 1941 (Date received local registrar) (b) J. J. Budek (Registrar's signature)

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 W H Van Matre

Licensed Embalmer No. 2825

P. O. Address 4340 Lafayette

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.