

No. 2
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5-17-39
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

10908

State File No.

FILED MAR 30 1948
Registration District No. 318

Primary Registration District No. 1000

Registrar's No. 2773

1. PLACE OF DEATH:
(a) County St. Louis
(b) City or town St. Louis
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
4551 South Compton
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____
(Specify whether _____)
In this community _____
years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County St. Louis
(c) City or town St. Louis
(If outside city or town limits, write "RURAL")
(d) Street No. 4551 South Compton
(If rural, give location)
(e) Citizen of foreign country? Naturalized (Yes or No) 0
If yes, name country _____

3. (a) PRINT FULL NAME William Frederik Bischoff
3. (b) If veteran, name war No
3. (c) Social Security No. 487-18-08 52A

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month March day 23rd
year 1946 hour 2 minute 50 P.
21. I hereby certify that I attended the deceased from March 1, 1946
to 23 March 1946
that I last saw him alive on 23 March
and that death occurred on the date and hour stated above.

4. Sex Male 5. Color or race White
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Helen Bischoff
6. (c) Age of husband or wife if alive 70 years
7. Birth date of deceased Nov. 2, 1867
(Month) (Day) (Year)

Immediate cause of death _____
Duration _____
Carcinoma of Breast mamma
Due to _____
Due to _____

8. AGE: Years 78 Months 4 Days 21
If less than one day _____ hr. _____ min.

Other conditions (Include pregnancy within 3 months of death) _____
Major findings:
Of operations none
Of autopsy none
PHYSICIAN _____
Underline the cause to which death should be charged statistically.

9. Birthplace Stassfort Germany
(City, town, or county) (State or foreign country)

10. Usual occupation Watchman

11. Industry or business American Car & Foundry Co.

12. Name Wilhelm Bischoff

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

14. Maiden name Unknown Germany

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

16. (a) Informant H. Eren Bischoff
(b) Address 4551 S. Compton

17. (a) Burial (b) Date thereof 3-25-46
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Freidens Cemetery

18. (a) Signature of clergy director Robert J. Ambuster, Inc
(b) Address Clayton Rd. at Concordia Lane

19. (a) MAR 25 1948 (b) J. F. Bredeck
(Date received local registrar) (Registrar's signature)

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify) does not apply
(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 J. F. Bredeck M.D. (M. D. or other)
Address March 24, 1946 Date signed _____

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

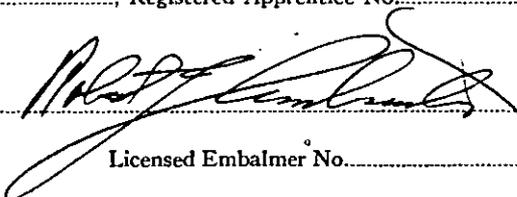
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STATEMENT BY LICENSED EMBALMER

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.....

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.