

FILED JAN 22 1948

318

State File No.

Registrar's No. 441

Registration District No.

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: **City Hospital #1**
(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..... **Mo.** (b) County..... **St. Louis**
 (c) City or town..... **St. Louis**
(If outside city or town limits, write "RURAL")
 (d) Street No. **935 Bellerive Bl.**
(If rural, give location)
 (e) Citizen of foreign country?.....
(Yes or No)
 If yes, name country.....

3. (a) PRINT FULL NAME **CONRAD W. BISCHOF SR.**
 3. (b) If veteran, name war..... **None**
 3. (c) Social Security No.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **Jan.** day **14**
 year **1948** hour **7:30** minute **04 A.** M.

21. I hereby certify that I attended the deceased from.....
 19..... to..... 19.....
 that I last saw h..... alive on..... 19.....
 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..... **Ida C.** 6. (c) Age of husband or wife if alive..... **54** years
 7. Birth date of deceased..... **Nov. 26 1894**
(Month) (Day) (Year)

Immediate cause of death: **Internal Hemorrhage from fracture of rib. When the high voltage wire was driving through a tree in front of 4612 Grand Avenue the ground was 7049 Volts. Jan 16 1948**

8. AGE: Years **53** Months **1** Days **18**
 If less than one day
 hr. min.

Other conditions (Include pregnancy within 3 months of death)
 Major findings:
 Of operations:
 Of autopsy: **JK**

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

10. Usual occupation **Treasurer**

11. Industry or business **Copper Clad Malleable Pro. Co.**

12. Name **Frank Bischof**

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

14. Maiden name **Anna Kastrup**

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

16. (a) Informant **Ida C. Bischof**

(b) Address **935 Bellerive Bl.**

17. (a) **Entombment** (b) Date thereof **1-17-48**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Valhalla Mausoleum**

18. (a) Signature of funeral director **Kriegshauser Und. Co.**

(b) Address **4228 So. Kingshighway Bl.**

19. (a) **JAN 15 1948** (b) **J. J. Brunick**
(Date received local registrar) (Registrar's signature)

PHYSICIAN
 Underline the cause of 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 **Jan 14 1948**
 (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?.....
(Specify type of place)
 While at work?..... (e) Means of injury.....
 23. Signature **Patrick C. Taylor** (M. D. or other).....
 Address **Deputy Coroner** Date signed **1-15-48**

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

MOTHER FATHER

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 Edwin A. M. Bennett

Licensed Embalmer No. 3024

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.

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. _____

Registration District No. _____

318

Primary Registration District No. _____

Registrar's No. _____

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 City Hospital #1
(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

3. (a) PRINT FULL NAME Conrad W. Bischof Sr
3. (b) If veteran, name war _____
3. (c) Social Security No. _____

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

6. (b) Name of husband or wife _____
6. (c) Age of husband or wife if alive _____ years

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

8. AGE: Years Months Days If less than one day
53 1 18 _____ min.

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

10. Usual occupation _____

11. Industry or business _____

12. Name _____

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

14. Maiden name _____

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

16. (a) Informant _____

(b) Address _____

17. (a) _____ (b) Date thereof. (Month) (Day) (Year)

(c) Place: burial or cremation _____

18. (a) Signature of funeral director _____

(b) Address _____

19. (a) _____ (b) J. J. Brubaker
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County _____
(c) City or town St Louis
(If outside city or town limits, write "RURAL")
(d) Street No. 935 Bellerive Bl
(If rural, give location)
(e) Citizen of foreign country _____ (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH. Month Jan day 14 of a _____
year 1948 hour _____ minute _____ M.

21. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____;
that I last saw him _____ alive on _____, 19____;
and that death occurred on the date and hour stated above.

Immediate cause of death Internal Hemorrhage Duration _____
rupture aorta v. heart etc

Due to _____

Due to _____

Other conditions Foot a.m. Jan 14 1948
(Include pregnancy within 3 months of death)

Major findings:
Of operations _____

Of autopsy _____

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 Jan 14 1948

(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 _____ (M. D. or other) _____

Address _____ Date signed _____

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

SUPPLEMENTAL

S-2277 1948