

FILED JUL 16 1951

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 25564

| | | | | | | | | |
|--|------------------------|--|--|---|---|-------------------------------------|--|--|
| BIRTH NO. _____ | | REG. DIST. NO. 317 | | PRIMARY REG. DIST. NO. 363 | | Registrar's No. 2572 | | |
| 1. PLACE OF DEATH a. COUNTY SAINT LOUIS 4002 | | | | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE MISSOURI b. COUNTY _____ | | | | |
| b. CITY (If outside corporate limits, write RURAL and give town) CLAYTON | | c. LENGTH OF STAY (in this place) 6 wks. | | c. CITY (If outside corporate limits, write RURAL and give township) SAINT LOUIS 2159 | | | | |
| d. FULL NAME OF HOSPITAL OR INSTITUTION ST LOUIS COUNTY HOSPITAL | | | | d. STREET ADDRESS (If rural, give location) 4551 So Compton | | | | |
| 3. NAME OF DECEASED (Type or Print) a. (First) Helen b. (Middle) _____ c. (Last) BISCHOFF | | | 4. DATE OF DEATH 7 3 51 | | | | | |
| 5. SEX F | 6. COLOR OR RACE WHITE | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed | 8. DATE OF BIRTH 7/18/1874 | | 9. AGE (In years last birthday) 76 | IF UNDER 1 YEAR Month 11 Days 15 | IF UNDER 11 HRS. Hours _____ Min. _____ | |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife | | 10b. KIND OF BUSINESS OR INDUSTRY _____ | | 11. BIRTHPLACE (State or foreign country) Germany 4 | | 12. CITIZEN OF WHAT COUNTRY USA | | |
| 13a. FATHER'S NAME Matheus Schmidt | | | 13b. MOTHER'S MAIDEN NAME Pauline Wittmann | | 14. NAME OF HUSBAND OR WIFE William | | | |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) | | 16. SOCIAL SECURITY NO. --- | | 17. INFORMANT'S SIGNATURE OR NAME ADDRESS Dr. Curtis H. Lohr 601 S. Brentwood | | | | |
| 18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, ashenia, etc. It means the disease, injury, or complication which caused death. | | | | MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Arteriolonephrosclerosis, advanced ANTECEDENT CAUSES DUE TO (b) _____ DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS: Vesico-colic fistula, Peri-colic abscess, encapsulated, Colon diverticulitis & perforation | | | | INTERVAL BETWEEN ONSET AND DEATH 1 yr. 1 month |
| 19a. DATE OF OPERATION | | 19b. MAJOR FINDINGS OF OPERATION | | 20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> | | | | |
| 21a. ACCIDENT SUICIDE HOMICIDE (Specify) | | 21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) | | 21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) | | | | |
| 21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min) | | 21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/> | | 21f. HOW DID INJURY OCCUR? | | | | |
| 22. I hereby certify that I attended the deceased from 5-16, 1951, to 7-3, 1951, that I last saw the deceased alive on 7-3, 1951, and that death occurred at 10:10 P.M., from the causes and on the date stated above. | | | | | | | | |
| 23a. SIGNATURE (Degree or title) Robert L. Coulter Jr. M.D. | | | | 23b. ADDRESS 601 S. Brentwood Clayton | | 23c. DATE SIGNED 7-9-51 | | |
| 24a. BURIAL, CREMATION, REMOVAL (Specify) Burial | | 24b. DATE 7/6/51 | 24c. NAME OF CEMETERY OR CREMATORY Friedens Cemetery | | 24d. LOCATION (City, town, or county) (State) St Louis Mo | | | |
| DATE REC'D BY LOCAL REG. 7-5-51 | | REGISTRAR'S SIGNATURE Robert J. Ambruster | | 25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Robert J. Ambruster. 6633 Clayton Road | | | | |

WRITE PLAINLY—USING 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

working under my personal supervision.

Student Embalmer No.....

Signed

Carnest W. Spellers

Signed

Student Embalmer

Licensed Embalmer No. *46010*

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.