FL 21958

FILED JUN 7 1957

THE DIVISION OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

18452

STATE FILE NUMBER 5115

Registration District No. 318 Primary Registration District No. 1003 Registrar's No.

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|---|---|
| 1. PLACE OF DEATH<br>a. COUNTY | 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)<br>a. STATE Missouri b. COUNTY |
| b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN St. Louis — Inside Limits Yes X No | c. CITY OR TOWN St. Louis — Inside Limits Yes X No |
| c. FULL NAME OF HOSPITAL OR INSTITUTION (If NOT in hospital, give location) 6934 Hillsland Ave. — Length of stay in 1b 17 yrs. | d. STREET ADDRESS (If outside, give location) 6934 Hillsland Ave. — Reside on Farm Yes No X |

| | | | | |
|---|---|---|---|---|
| 3. NAME OF DECEASED (Type or print) | First: Sophia | Middle: Hufendick | Last: Bisping | 4. DATE OF DEATH Month, Day, Year: May 30, 1957 |
| 5. SEX: Female | 6. COLOR OR RACE: White | 7. MARITAL STATUS: MARRIED ☐ NEVER MARRIED ☐ WIDOWED ☒ DIVORCED ☐ | 8. DATE OF BIRTH: December 11, 1886 | 9. AGE (In years last birthday): 70 — IF UNDER 1 YEAR: Months, Days — IF UNDER 24 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: Own home | 11. BIRTHPLACE (City and state or country): St. Louis, Mo. | 12. CITIZEN OF WHAT COUNTRY?: U.S.A. | |
| 13. FATHER'S NAME: Herman Vornbrock | | 14. MOTHER'S MAIDEN NAME: Unknown | | |
| 15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown): No — (If yes, give war or dates of service) | | 16. SOCIAL SECURITY NO. | 17. INFORMANT: Wilbert A. Bisping, 6934 Hillsland Ave | |

MEDICAL CERTIFICATION

18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] Carcinoma of bones (Metastases) — INTERVAL BETWEEN ONSET AND DEATH

PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a) Carcinoma bones (Metastases)

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.

DUE TO (b)

DUE TO (c)

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) 196x

19. WAS AUTOPSY PERFORMED? YES ☐ NO ☒ 2

20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)

20c. TIME OF INJURY Hour a. m. p. m. Month, Day, Year

20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

20e. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

20f. CITY, TOWN, OR LOCATION COUNTY STATE

21. I attended the deceased from 1947 (6-2-47) to 5-30-57 and last saw her him alive on 5-30-57

Death occurred at 6:30 p m on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE P. P. Cappel (Degree or title) M.D.

22b. ADDRESS 3284 Ivanhoe 3284 Ivanhoe ave.

22c. DATE SIGNED 5-31-57 5-31-57

| 23a. BURIAL, CREMATION, REMOVAL (Specify) | 23b. DATE | 23c. NAME OF CEMETERY OR CREMATORY | 23d. LOCATION (City, town, or county) (State) |
|---|---|---|---|
| Removal | June 1, 1957 | Bethlehem Cemetery | St. Louis County, Missouri |

| | | |
|---|---|---|
| 24. FUNERAL DIRECTOR Hoffmeister ADDRESS Colonial Mortuary, 6464 Chippewa St. | 25. DATE RECD. BY LOCAL REG. MAY 31 57 | 26. REGISTRAR'S SIGNATURE J. Earl Smith MD (90) |

(Licensed Embalmer's Statement on Reverse Side)

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

diseases in Part I must be casually related. Coroner cannot certify to a death due to natural causes.

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was e

by me, or by ....., Student Embalmer No.....

working under my personal supervision..

Student .....
Signature of Student Embalmer

Signed Bill C. Brannan

Licensed Embalmer No. 47

P. O. Address St. Louis

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING.
to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.