

MISSOURI STATE BOARD OF HEALTH  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF DEATH

Do not use this space.

21968

1. PLACE OF DEATH

County.....

Registration District No.....

791

Township.....

Primary Registration District No.....

1003

City..... St. Louis Mo.

(No. Missouri Baptist San.

File No.....

Registered No.....

6116

St. .... Ward)

2. FULL NAME - Mary Bishop French.

(a) Residence. No. 5540 Pershing Ave. St. 5 Ward.

(Usual place of abode)

(If nonresident give city or town and State)

Length of residence in city or town where death occurred

yrs.

mos.

da.

How long in U.S., if of foreign birth?

yrs.

mos.

da.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX

Female

4. COLOR OR RACE

White

5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word)

Widow.

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF

Enoch Ellis French.

6. DATE OF BIRTH (MONTH, DAY AND YEAR)

8/25/1852

7. AGE

YEARS

MONTHS

DAY

IF LESS than 1 day, ... hrs. or ... min.

75

9

II

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work

Housework.

(b) General nature of industry, business, or establishment in which employed (or employer)

Retired.

(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN)

(STATE OR COUNTRY)

Conn.

10. NAME OF FATHER

Nicholas G. Bishop.

11. BIRTHPLACE OF FATHER (CITY OR TOWN)

(STATE OR COUNTRY)

12. MAIDEN NAME OF MOTHER

Abbey Little.

13. BIRTHPLACE OF MOTHER (CITY OR TOWN)

(STATE OR COUNTRY)

Vermont.

14.

INFORMANT (Address)

Clark B. French  
5540 Pershing Ave

15.

FILED

May C. Starkoff  
REGISTRAR

4 MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR)

6/6/28 19

17.

I HEREBY CERTIFY, That I attended deceased from June 10, 1928, to June 6, 1928.

that I last saw him alive on June 5, 1928, and that death occurred, on the date stated above, at 12:45 A.M.

THE CAUSE OF DEATH\* WAS AS FOLLOWS:

Thrombosis Arteriosclerosis Brain

74 Analytic Inorganic Carbon

(duration) yrs. mos. da.

CONTRIBUTORY (SECONDARY)

Arterio-sclerosis pro athero

Head-Blow

(duration) yrs. mos. da.

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH.....

2 DID AN OPERATION PRECEDE DEATH? no DATE OF

WAS THERE AN AUTOPSY? no

Refused.

WHAT TEST CONFIRMED DIAGNOSIS? Analytic Head Blow

(Signed)

Louis H. DeBorne

M. D.

June 7, 1928 (Address) 102 No Broadway

\*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL

DATE OF BURIAL

Valhalla Crematory

6-7 1928

20. UNDERTAKER

ADDRESS

Provoch Seed Co

3710 N Grand

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

WHILE PAINFUL, WITH OUPDATING INK—THIS IS A PERMANENT RECORD

Thrombosis arteriales bicus  
Paragangliomas ventric  
Meningeomas