

WRITE PLAINLY, WITH UNFADING INK--THIS IS A PERMANENT RECORD

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.

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

Do not use this space.

APR 30 1930

10062

1. PLACE OF DEATH

County..... Registration District No. 784
 Township..... Primary Registration District No. 6030
 City St. Louis Co. (No. 2834) Wanley Rd. St. Ward)

2. FULL NAME

(a) Residence. No. 2834 N. Wanley Rd. St. 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. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. COLOR OR RACE white 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) single

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Nov. 21 - 1883

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.
46 3 15

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Home work
 (b) General nature of industry, business, or establishment in which employed (or employer)
 (c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Philadelphia Pa.

PARENTS
 10. NAME OF FATHER Conrad G. Bishop
 11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY) Waco Lorraine
 12. MAIDEN NAME OF MOTHER Line Kempsey
 13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY) Ireland.

14. INFORMANT Della Brolemant
 (Address) 2834 N. Wanley Rd.

15. FILED 3/16/30 O. N. Schrade, M.D. REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Mar. 8, 19 30

17. I HEREBY CERTIFY, That I attended deceased from Feb. 6, 19 30 to Mar. 8, 19 30
 that I last saw h. e. r. alive on Mar. 7, 19 30 and that death occurred, on the date stated above, at 1:45 a.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Aortic Insufficiency

(duration) yrs. 1 mos. ds.

CONTRIBUTORY (SECONDARY) (duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH.....

8 DID AN OPERATION PRECEDE DEATH? DATE OF.....

WAS THERE AN AUTOPSY?.....

WHAT TEST CONFIRMED DIAGNOSIS

(Signed) J. A. Van Doefew, M. D.

3/8, 19 30 (Address) 8313 Walls Ferry Rd

*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

Cemetery Mar 10 1930

20. UNDERTAKER Gronechurg Wnd Co ADDRESS 4740 26th Florissant

