

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

Do not use this space.

3340

1. PLACE OF DEATH

County..... Registration District No.....
Township..... Primary Registration District No. 701
City St. Louis Mo (No. 10088)

File No.....
Registered No. 235
St. Ward)

2. FULL NAME

Walter Bishop
(a) Residence, No. 3136 New Ashland Pl. St. 10 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. 10 mos 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) 1-6-1933
7. AGE YEARS MONTHS DAYS 8 yrs 2 mos 10 days (LESS than 1 day, 10 hrs. or min.)

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, Sawyer, bookkeeper, etc.
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation.

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) St. Louis Mo

FATHER
13. NAME Harold E. Bishop

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) St. Louis Mo

MOTHER
15. MAIDEN NAME Pearl Fluri

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) St. Louis Mo

17. INFORMANT (ADDRESS) Harold E. Bishop 3136 New Ashland Pl.

18. BURIAL, CREMATION, OR REMOVAL PLACE Friedman DATE 1-27-33

19. UNDERTAKER (ADDRESS) Provoch and Co 3710 N. Grand Blvd

20. FILED JAN - 7 1933 Max C. Finkbeiner Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 1/6, 1933

22. I HEREBY CERTIFY, That I attended deceased from 1/6, 1933, to 1/6, 1933

I last saw him alive on 1/6, 1933. Death is said to have occurred on the date stated above, at 9 P. m.

The principal cause of death and related causes of importance were as follows:

8 Mo. old baby died of convulsions
86
Other contributory causes of importance: None

Date of onset

Name of operation Date of
What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence), fill in also the following: Accident, suicide, or homicide? No Date of injury 1/6, 1933

Where did injury occur? None (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.

Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify
(Signed) W. L. ... M. D.
(Address) 604 N. ...

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.

