

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

Do not use this space.

NOV 9 1935

34326

1. PLACE OF DEATH

County Registration District No. **791**
 Town Primary Registration District No. **1003**
 City **St. Louis** (No. **4328**, **Grace Ave**)
 Registered No. **8762**
 St. **15** Ward

2. FULL NAME

(a) Residence, No. **4328 Grace Ave** St. **15** Ward.
 (Usual place of abode)
 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. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX **Male**
 4. COLOR OR RACE **White**
 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) **Married**
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF **Iza Lee Bishop**
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) **Dec 7-1887**
 7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
47 10 11
 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. **Salesman**
 9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. **Groceries**
 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) **Chester Illinois**

MOTHER FATHER 13. NAME **Phillip Bishop**

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **Red Bull Illinois**

15. MAIDEN NAME **Sophia Piffer**

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **New York**

17. INFORMANT (ADDRESS) **Mrs Iza Lee Bishop 4328 Grace Ave**

18. BURIAL, CREMATION, OR REMOVAL PLACE **Walhalla Cemetery Oct. 19 1935**

19. UNDERTAKER (ADDRESS) **C. P. Duster, 6499 Olive St**

20. FILED **NOV 18 1935** **J. Bredeck** Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) **Oct 18 1935**

22. I HEREBY CERTIFY, That I attended deceased from **Oct 18 1935** to **Oct 14 1935**

I last saw him alive on **October 14 1935** Death is said to have occurred on the date stated above, at **4 A.M.**

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

**Chronic Glomerular Nephritis
Hypertension**

Date of onset **20 yrs ago**
2"

Other contributory causes of importance:
**Uremia
Chr. Cholelithiasis**

Name of operation **na** Date of

What test confirmed diagnosis? Was there an autopsy? **na**

23. If death was due to external causes (violence), fill in also the following: Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (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? **na**

If so, specify (Signed) **St. P. Maddux** M. D.

(Address) **270 Union Club Bldg. St. Louis, Mo.**

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.

Dr. W. T. Madan

University Club Bldg.

jr 0846

340, Park

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