

Registration District No. 1701

Primary Registration District No. _____

1. PLACE OF DEATH: NOV 13 1939
(a) County _____
(b) City or town St. Louis
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
St. Mary's Infirmary
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 7 days
(Specify whether
In this community 35 years
years, months or days)

3. (a) PRINT FULL NAME MORRIS BISHOP 210
3. (b) If veteran, name war -none 3. (c) Social Security No. 489-18-8524

4. Sex Male 5. Color or race Col. 6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Lucille Bishop 6. (c) Age of husband or wife if alive 35 years
7. Birth date of deceased 9-17-1897
(Month) (Day) (Year)

8. AGE: Years 42 Months 0 Days 20 If less than one day
hr. _____ min.

9. Birthplace Memphis, Tenn.
(City, town, or county) (State or foreign country)

10. Usual occupation Bell Boy

11. Industry or business Hotel

MOTHER FATHER
12. Name Charlie Bishop
13. Birthplace Unavailable (City, town, or county) (State or foreign country)
14. Maiden name Unavailable
15. Birthplace Unavailable (City, town, or county) (State or foreign country)

16. (a) Informant's own signature Lucille Bishop
(b) Address West End Hotel Apt. #5 F

17. (a) Burial (b) Date thereof 10/14/39
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Washington Park

18. (a) Signature of funeral director Wm. J. Bates
(b) Address 2107 Finney Ave.

19. (a) OCT 13 1939
(Date recorded local registrar) (Signature of registrar)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County _____
(c) City or town St. Louis
(If outside city or town limits, write "RURAL")
(d) Street No. West End Hotel Apt. #5 F
3904 West End Hotel
(If rural, give location)
(e) If foreign born, how long in U. S. A. ? _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month October day 7th
year 1939 hour 12:30 minute P. M.

21. I hereby certify that I attended the deceased from September 30th, 1939 to October 7th, 1939
that I last saw him alive on October 7th, 1939
and that death occurred on the date and hour stated above.

Immediate cause of death Respiratory failure
Pulmonary tbc.
Due to Tub. Bacillus
Other conditions (Include pregnancy within 3 months of death) NO

Major findings: Of operations _____
Of autopsy No autopsy

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify) _____
(b) Date of occurrence _____
(c) Where did injury occur? _____ (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? _____

While at work (Specify type of place) (e) Means of injury _____
21. Signature Palstop S. Mitchell (M. D. or other) _____
Address 1536 Poyen St Date signed 10/9/39

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE 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.

1 X 311

STATEMENT BY LICENSED EMBALMER

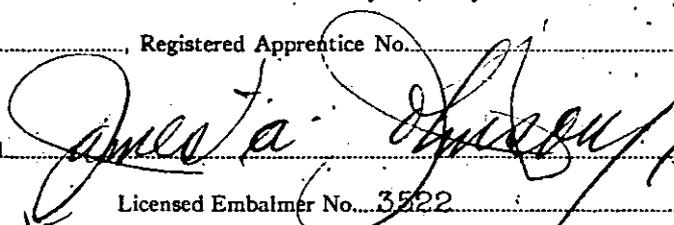
I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....

James A. Johnson

working under my personal supervision.

Registered Apprentice No.....

Signed.....



Licensed Embalmer No. 3522

P. O. Address 4107 Finney Ave.

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

If this body is not embalmed, above space should be left blank.