

No. 2
1-4-41
5-17-39
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. **39961**
Registrar's No. **9669**

FILED JAN 24 1941
Registration District No. **791**

Primary Registration District No. _____

1. PLACE OF DEATH:

(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:
Homer G. Phillips Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____
(Specify whether _____)
In this community _____
years, months or days)

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. **3215 Lawton Ave.**
(If rural, give location) _____
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **Dec** day **1**
year **1941** hour **5** minute **50 P** M.

21. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____;
that I last saw h_____ alive on _____, 19____;
and that death occurred on the date and hour stated above.

Immediate cause of death _____
Due to **Labor Pneumonia**
Adhuc Pericarditis
Due to **108**
Other conditions _____
(Include pregnancy within 3 months of death)
Major findings:
Of operations _____
Of 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) _____
(c) Means of injury _____
23. Signature **W. J. Perry** (M. D. or other) _____
Address _____ Date signed **12/3/41**

3. (a) PRINT FULL NAME **William Bishop**
3. (b) If veteran, name war _____ 3. (c) Social Security No. **488-05-9101**

4. Sex **male** 5. Color or race **negro**
6. (a) Single, widowed, married, divorced **married**
6. (b) Name of husband or wife **Viola Bishop**
6. (c) Age of husband or wife if alive **43** years
7. Birth date of deceased **April 7 1894**
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
47 7 24 hr. min.

9. Birthplace **St. Louis Missouri**
(City, town, or county) (State or foreign country)

10. Usual occupation **Janitor**

11. Industry or business _____

12. Name **William Bishop**

13. Birthplace **Alabama**
(City, town, or county) (State or foreign country)

14. Maiden name **Mary White**
(City, town, or county) (State or foreign country)

15. Birthplace **Kansas**
(City, town, or county) (State or foreign country)

16. (a) Informant **Harry Bishop**

(b) Address **3215 Lawton Ave**

17. (a) **Burial** (b) Date thereof **Dec. 6-41**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **St. Peters Cemetery**

18. (a) Signature of funeral director **Russell Untd. Co.**

(b) Address **2732 Pine Street**

19. (a) _____ (b) **J. J. Brudeck**
(Date received local order) (Registrar's signature)

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

D

844

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.....

....., Registered Apprentice No.....

working under my personal supervision.

Signed

Joel Russell

Licensed Embalmer No. *4112*

P. O. Address.....

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, fact should be so stated above.