

Registration District No. ....

Primary Registration District No. ....

State File No. ....

Registrar's No. ....

10562

1002

1. PLACE OF DEATH:

(a) County St. Louis, Missouri  
(b) City or town St. Louis, Missouri  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution:  
St. Louis City Hospital  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution 19 Days  
(Specify whether  
In this community 8 yrs  
years, months or days)

3. (a) PRINT FULL NAME Carrie Bishop

3. (b) If veteran, name war No  
3. (c) Social Security No. No

4. Sex Female 5. Color or race White  
6. (a) Single, widowed, married, divorced Widow

6. (b) Name of husband or wife William Bishop  
6. (c) Age of husband or wife if alive Dec. years

7. Birth date of deceased 11 (Month) 22 (Day) 1881 (Year)

8. AGE: Years 61 Months 0 Days 24  
If less than one day .....hr. ....min.

9. Birthplace Munice Indiana  
(City, town, or county) (State or foreign country)

10. Usual occupation Housewife

11. Industry or business

MOTHER FATHER  
12. Name James Heath  
13. Birthplace Munice Indiana  
(City, town, or county) (State or foreign country)  
14. Maiden name Mary  
15. Birthplace Cincinnati Ohio  
(City, town, or county) (State or foreign country)

16. (a) Informant Anton Thowenat  
(b) Address 4406 Gannett Ave

17. (a) Burial (b) Date thereof 12-19-1942  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Sunset Burial Park

18. (a) Signature of funeral director Alexander T. Sons  
(b) Address 6175 DePue Blvd.

19. (a) DEC 18 1942 (Date received local registrar)  
J. F. Bredesh (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 000  
(c) City or town St. Louis 169  
(If outside city or town limits, write "RURAL")  
(d) Street No. 3400 S. Grand Avenue  
(If rural, give location) no  
(e) Citizen of foreign country? ..... (Yes or No)  
If yes, name country.....

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month December day 16,  
year 1942 hour 1:50 minute P. M.

21. I hereby certify that I attended the deceased from November  
18, 19 42 to December 16, 19 42;  
that I last saw him or alive on December 16, 19 42;  
and that death occurred on the date and hour stated above.

Immediate cause of death  
Chronic alcoholism  
cessation of the liver

Due to .....  
Due to 1/24

Other conditions  
(Include pregnancy within 3 months of death)

Major findings:  
Of operations .....  
Of autopsy as filed

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 Drew O. Hensen (M. D. or other)  
Address 1515 Lafayette Avenue, Date signed 12/16/42

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

**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 W. E. McCulloch  
Licensed Embalmer No. 2460  
P. O. Address 6173 Pellman

**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.