

FILED JAN 13 1943

Registration District No. 318

Primary Registration District No.

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: 5616 Chippewa St., /  
(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. 5616 Chippewa St., (If rural, give location)  
(e) Citizen of foreign country? \_\_\_\_\_ (Yes or No)  
If yes, name country \_\_\_\_\_

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month December day 30th  
year 1942 hour 12 noon minute \_\_\_\_\_ M.

21. I hereby certify that I attended the deceased from 12/28 to Dec 30, 1942  
that I last saw her alive on Dec 28 and that death occurred on the date and hour stated above.

Immediate cause of death Arteritis Deformans Duration 15 yrs

Due to \_\_\_\_\_  
Due to \_\_\_\_\_

Other conditions \_\_\_\_\_ (Include pregnancy within 3 months of death)

Major findings:  
Of operations \_\_\_\_\_  
Of autopsy \_\_\_\_\_

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) not  
(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 \_\_\_\_\_

23. Signature W. M. Yellert (M. D. or other)  
Address 2734 N. Grand Ave Date signed 12/31/42

3. (a) PRINT FULL NAME Louise Bishop

3. (b) If veteran, name war None 3. (c) Social Security No. None

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

6. (b) Name of husband or wife Alfred G. Bishop 6. (c) Age of husband or wife if alive 72 years

7. Birth date of deceased September 18, 1872  
(Month) (Day) (Year)

8. AGE: Years 70 Months 3 Days 12 If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

9. Birthplace Mississippi (City, town, or county) (State or foreign country)  
None

10. Usual occupation \_\_\_\_\_

11. Industry or business \_\_\_\_\_

12. Name William Yancey

13. Birthplace Unknown (City, town, or county) (State or foreign country) 9

14. Maiden name Martha L. Asbury

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

16. (a) Informant Miss Martha L. Bishop

(b) Address 5616 Chippewa

17. (a) Burial (b) Date thereof 1-2-43  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation St. Marcus

18. (a) Signature of funeral director Southern Funeral Home

(b) Address 6322 South Grand Blvd.

19. (a) DEC 31 1942 (b) J. P. Braddock  
(Date received local registrar) (Registrar's signature)

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

MOTHER FATHER

Dr. Iselbert  
2739 N. Grand.

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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.....

*Vinyl L. Berryman*  
.....  
Licensed Embalmer No. *4018*

P. O. Address..... *St. Louis Mo.*

**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.**