

U. S. No. 2
4-11-10-39
5-17-39
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

3352, 1

State File No. _____

FILED FEB 10 1943

Registration District No. 187

Primary Registration District No. 117

Registrar's No. 248

1. PLACE OF DEATH:

(a) County. St. Louis
(b) City or town. Shrewsbury (Webster Groves)
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
7728 Suffolk Ave.
(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 Mo (b) County St. Louis
(c) City or town Shrewsbury
(If outside city or town limits, write "RURAL")
(d) Street No. 7728 Suffolk Ave.
(If rural, give location)
(e) If foreign born, how long in U. S. A.? 4 years.

8. (a) PRINT FULL NAME George M. Bishop

8. (b) If veteran, name war _____ 8. (c) Social Security No. 492-03-891

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Widowed
6. (b) Name of husband or wife Gertrude Bishop 6. (c) Age of husband or wife if alive 7 years
7. Birth date of deceased March 11th, 1877
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
65 10 18 hr. _____ min.

9. Birthplace Detroit, Mich.
(City, town, or county) (State or foreign country)

10. Usual occupation None

11. Industry or business _____

MOTHER FATHER { 12. Name William Bishop
13. Birthplace England 4
(City, town, or county) (State or foreign country)
14. Maiden name Eliza Harper
15. Birthplace Ireland 4
(City, town, or county) (State or foreign country)

16. (a) Informant Miss Gertrude Bishop

(b) Address 7728 Suffolk Ave.

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

(c) Place: burial or cremation Valhalla Cemetery

18. (a) Signature of funeral director Kraeger-Voss-Fix

(b) Address 3402 N. Kingshighway

19. FEB 1 1943 (b) C. J. McLean, MD
(Date received by Registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan day 29th
year 1943 hour 2 minute _____ AM.

21. I hereby certify that I attended the deceased from 10/3/42
19 _____ to 1/29/43, 19 _____;
that I last saw him alive on 1/28/43, 19 _____;
and that death occurred on the date and hour stated above.
Immediate cause of death Uremia

Due to Chronic nephritis Duration 2 wks.
yrs.

Due to Senility

Other conditions (Include pregnancy within 3 months of death) _____

Major findings: Of operations _____

Of autopsy _____

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 _____

23. Signature Edw. W. Westrup, MD
Address 20 E. Big Bend - Webster Groves Date signed 1/29/43

PHYSICIAN

Underline the cause to which death should be charged statistically.

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

96
15
0

2-28-2

Me

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 J. G. Sullivan
Licensed Embalmer No. 1172
P. O. Address City

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.

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