

FILED MAY 20 1944

1003

Registration District No. **518** Primary Registration District No. **1003**

Registrar's No. **4331**

1. PLACE OF DEATH:

(a) County _____
(b) City or town St. Louis, Mo.
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Homer Phillips Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: in hospital or institution 20 days
In this community 13 years (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 000
(c) City or town St. Louis (If outside city or town limits, write "RURAL") 17
(d) Street No. 2133 Walnut (If rural, give location) 922
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME

George Bishop

3. (b) If veteran, name war No 3. (c) Social Security No. 488-18-8211

4. Sex Male 5. Color or Race Col 6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Katherine Bishop 6. (c) Age of husband or wife if alive 35 years

7. Birth date of deceased October 23, 1900
(Month) (Day) (Year)

8. AGE: Years 43 Months 6 Days 11 If less than one day hr. _____ min. _____

9. Birthplace N. Carolina
(City, town, or county) (State or foreign country)

10. Usual occupation Laborer

11. Industry or business _____

MOTHER FATHER { 12. Name Unknown

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

14. Maiden name Unknown

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

16. (a) Informant Katherine Bishop

(b) Address 2133 Walnut Street

17. (a) Removal (b) Date thereof 5/10/44
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation E. St. Louis, Ill

18. (a) Signature of funeral director R. M. C. Green

(b) Address 3517 Leade Avenue (3)

19. (a) MAY 10 1944 (b) J. F. Bondick
(Date received local registrar's certificate) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 4, year 1944 hour 9 minute 45 P. M.

21. I hereby certify that I attended the deceased from April 14, 1944, to May 4, 1944; that I last saw him alive on May 4, 1944; and that death occurred on the date and hour stated above.

Immediate cause of death Pulmonary Tuberculosis (far advanced) Duration Unk.

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) _____

(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 Alvin Moore (M. D. or other) _____

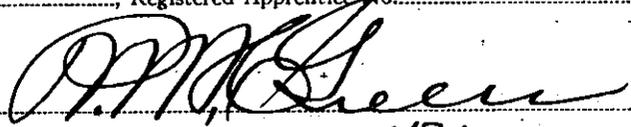
Address Shoum... Date signed 5/5/44

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 

Licensed Embalmer No. 1173

P. O. Address 3517 S. 4th St. S. S. S. S.

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.