

S. No. 2
M-5-43
v. 5-17-39
I X36671

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED DEC 29 1944

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 39160
Registrar's No. 10829

Registration District No. 318 Primary Registration District No. 1003

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

1. PLACE OF DEATH:
(a) County St. Louis
(b) City or town St. Louis
(c) Name of hospital or institution: CITY SANITARIUM
(d) Length of stay: In hospital or institution 3 mos 20 das
In this community 1 1/2 years

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County
(c) City or town St. Louis
(d) Street No. 2408 Coleman St.
(e) Citizen of foreign country? No

3. (a) PRINT FULL NAME John Bishop
3. (b) If veteran, name war --- 3. (c) Social Security No. ---

4. Sex male 5. Color or race white 6. (a) Single, widowed, married, divorced widower
6. (b) Name of husband or wife Minnie Bishop 6. (c) Age of husband or wife if alive years
7. Birth date of deceased January 26 1864

8. AGE: Years 80 Months 10 Days 22 If less than one day

9. Birthplace Monarkown Illinois

10. Usual occupation Paper Carrier

11. Industry or business

12. Name Peter Bishop
13. Birthplace not known Kansas
14. Maiden name Elizabeth Goldman
15. Birthplace not known Ohio

16. (a) Informant Thelma A. Siegler
(b) Address 5400 Arsenal St

17. (a) Burial (b) Date thereof 12-20-44
(c) Place: burial or cremation Memorial Park Cemetery

18. (a) Signature of funeral director Albert H. Hoppe
(b) Address 4700 Washington Blvd.

19. (a) DEC 19 1944 (b) J. F. Brudeck
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month Dec day 18 year 1944 hour 11:00 minute A. M.
21. I hereby certify that I attended the deceased from August 28 1944 to Dec 18 1944
that I last saw him alive on Dec 18 1944
and that death occurred on the date and hour stated above.

Immediate cause of death
Lung Abscess- left lower lobe 10da
Broncho-pneumonia- both lungs 7 das
Due to Generalized Arteriosclerosis 1944x

Other conditions (Include pregnancy within 3 months of death)
Major findings: Of operations
Of autopsy Yes
107

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?
(d) Did injury occur in or about home, on farm, in industrial place, in public place?
23. Signature of Physician Paul P. Bowler (M. D. or other)
Address 5400 Arsenal St Date signed 12/19/44

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 *John Agonowski*
.....
Licensed Embalmer No. *3398*
.....
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.