S. No. 2
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FEDERAL SECURITY AGENCY
National Office of Vital Statistics

FILED SEP 4 1947

Registration District No. 318

MISSOURI DIVISION OF HEALTH
# STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 1003

State File No. 28844

Registrar's No. 7833

**1. PLACE OF DEATH:**

(a) County

(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: 3632 A FOLSOM
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution NONE (Specify whether
In this community 15 YEARS
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. 3632 A FOLSOM
(If rural, give location)

(e) Citizen of foreign country? NO (Yes or No)

If yes, name country NO

3. (a) PRINT FULL NAME NATHANIEL L. BISHOP

3. (b) If veteran, name war NO

3. (c) Social Security No. 490-01-0457

4. Sex MALE

5. Color or race WHITE

6. (a) Single, widowed, married, divorced MARRIED

6. (b) Name of husband or wife ROSE BISHOP

6. (c) Age of husband or wife if alive 59 years

7. Birth date of deceased AUGUST (Month) 18th (Day) 1877 (Year)

8. AGE: Years 69 Months 11 Days 28 If less than one day hr. min.

9. Birthplace LA BELLE, MISSOURI (City, town, or county) (State or foreign country)

10. Usual occupation SALESMAN

11. Industry or business GLASERS BROS.

FATHER
12. Name UNK BISHOP
13. Birthplace UNK (City, town, or county) UNK (State or foreign country)

MOTHER
14. Maiden name UNK UNK
15. Birthplace UNK (City, town, or county) UNK (State or foreign country)

16. (a) Informant ROSE BISHOP (WIFE)
(b) Address 3632 A FOLSOM

17. (a) REMOVAL (Burial, cremation, or removal) (b) Date thereof 8-20-47 (Month) (Day) (Year)
(c) Place: burial or cremation LA BELLE, MISSOURI

18. (a) Signature of funeral director Sue Dueyer & Sons
(b) Address 3934 No. 20th Street

19. (a) AUG 18 (Date received local registrar) (b) J. Bredeck (Registrar's signature)

**MEDICAL CERTIFICATION**

20. DATE OF DEATH: Month AUG day 16 year 1947 hour 12 minute NOON M.

21. I hereby certify that I attended the deceased from 7-21, 1947, to 8/13, 1947; that I last saw h alive on 8/13, 1947 and that death occurred on the date and hour stated above.

| | Duration |
|---|---|
| Immediate cause of death: Myocarditis, Chronic | |
| Due to | |
| Due to | |
| Other conditions (Include pregnancy within 3 months of death) | |
| Major findings: Of operations | |
| Of autopsy | |

PHYSICIAN — Underline the cause of 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? (Specify type of place)
While at work? (e) Means of injury

23. Signature John Duemler (M. D. or other) MD
Address 1504 So Grand Date signed 8/18/47

Jefferson City Printing Co.

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING 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 me

..... Registered Apprentice No.....

working under my personal supervision.

Signed G. G. Smithers

Licensed Embalmer No. 3916

P. O. Address 3934 N. 20 St

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.