V.S. No. 300
Rev. 10.48

FILED APR 4 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 11326

BIRTH NO. 81723-49 REG. DIST. NO. 317 PRIMARY REG. DIST. NO. 3063 Registrar's No. 737

4002
0

1. PLACE OF DEATH
a. COUNTY St. Louis
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Clayton
c. LENGTH OF STAY (In this place) 2 hrs
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) St. Louis Co. Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Missouri
b. COUNTY St. Louis
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baden Station 4010
d. STREET ADDRESS (If rural, give location) 1250 Bellefontaine Church

3. NAME OF DECEASED (Type or Print)
a. (First) RONALD
b. (Middle)
c. (Last) BISHOP

4. DATE OF DEATH (Month) (Day) (Year) Mar. 20 1950

5. SEX male 0

6. COLOR OR RACE white

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) single

8. DATE OF BIRTH Dec 30th 1949

9. AGE (In years last birthday) IF UNDER 1 YEAR: Months 2 Days 20 IF UNDER 24 HRS.: Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) none

10b. KIND OF BUSINESS OR INDUSTRY none

11. BIRTHPLACE (State or foreign country) Lilbourn, Mo. 0

12. CITIZEN OF WHAT COUNTRY? US

13a. FATHER'S NAME Runey Bishop

13b. MOTHER'S MAIDEN NAME Patricia Cody

14. NAME OF HUSBAND OR WIFE ----------

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no
(If yes, give war or dates of service)

16. SOCIAL SECURITY NO. -------

17. INFORMANT'S SIGNATURE OR NAME Mrs. Flora Johnson, **ADDRESS** 10226 Count Ave.

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Acidosis + Dehydration — INTERVAL BETWEEN ONSET AND DEATH 24 hrs

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b) Unknown

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION 773.0

20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 20 March, 1950, *to* 20 March, 1950, *that I last saw the deceased alive on* 20 March, 1950, *and that death occurred at* 12:49 A m., *from the causes and on the date stated above.*

23a. SIGNATURE James Hooker MD (Degree or title) 0

23b. ADDRESS St. Louis County Hospital

23c. DATE SIGNED 20 March 1950

24a. BURIAL, CREMATION, REMOVAL (Specify) burial 0

24b. DATE 3/23/50

24c. NAME OF CEMETERY OR CREMATORY Friedens Cemetery

24d. LOCATION (City, town, or county) St. Louis, Mo. (State)

DATE REC'D BY LOCAL REG. 3-21-50

REGISTRAR'S SIGNATURE Herbert R. Combs, M.D.

25. FUNERAL DIRECTOR'S SIGNATURE Friedrich Funeral Home, **ADDRESS** 8319 Hallsferry

(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

..... Student Embalmer No. .....

working under my personal supervision.

Student .....
Student Embalmer

Signed William S. Salter

Licensed Embalmer No. 4699

P. O. Address St. Charles 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.