No. 300
10.48

0

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

OCT 1 1952

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 32748

BIRTH NO. _____ REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003 Registrar's No. 8788

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

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Missouri
b. COUNTY
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): St. Louis 2229
d. STREET ADDRESS (If rural, give location): 1924 Choteau 5

22

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

4. DATE OF DEATH (Month) (Day) (Year): SEPT. 19, 1952

5. SEX: Male 0
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Infant 0
8. DATE OF BIRTH: June 29, 1952
9. AGE (In years last birthday): 0 — 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): Infant
10b. KIND OF BUSINESS OR INDUSTRY: Infant
11. BIRTHPLACE (City and State or Foreign Country): Searcy, Ark
12. CITIZEN OF WHAT COUNTRY?: USA
13a. FATHER'S NAME: Jim Bishop
13b. MOTHER'S MAIDEN NAME: Virginia Westerman
14. NAME OF HUSBAND OR WIFE: None
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No — (If yes, give war or dates of service): No
16. SOCIAL SECURITY NO.: No
17. INFORMANT'S SIGNATURE OR NAME — ADDRESS: Virginia Bishop, 1924 Choteau

MEDICAL CERTIFICATION

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.*

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*(a) Dehydration - Malnutrition — INTERVAL BETWEEN ONSET AND DEATH: 3 wks

ANTECEDENT CAUSES

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

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
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?: 5710

22. *I hereby certify that I attended the deceased from* 9-15-52, 19___, *to* 9-19-52, 19___, *that I last saw the deceased alive on* 9-19-52, 19___, *and that death occurred at* 5:35A *m., from the causes and on the date stated above.*

23a. SIGNATURE Elizabeth K Gay M.D. (Degree or title)
23b. ADDRESS: 1515 Lafayette Avenue
23c. DATE SIGNED: 9-19-52

24a. BURIAL, CREMATION, REMOVAL (Specify): Removal 4
24b. DATE: 9-20-52 9-19-52
24c. NAME OF CEMETERY OR CREMATORY: MT. HOPE CEM.
24d. LOCATION (City, town, or county) (State): ST. LOUIS COUNTY, MO.

DATE REC'D BY LOCAL REGISTRAR: SEP 20 1952
REGISTRAR'S SIGNATURE: J. Earl Smith, M.D.
25. FUNERAL DIRECTOR'S SIGNATURE — ADDRESS: McLAUGHLIN FUNERAL HOME, INC.

(Licensed Embalmer's Statement on Reverse Side)

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 Not Embalmed, Student Embalmer No. _____, working under my personal supervision.

Student _____
Student Embalmer

Signed James R. Chapman

Licensed Embalmer No. 4550

P. O. Address St. Louis, 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.