

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

11087

State File No. \_\_\_\_\_

LED APR 14 1953

BIRTH NO. _____		REG. DIST. NO. <u>310</u>	PRIMARY REG. DIST. NO. <u>605B</u>	Registrar's No. <u>88-</u>
1. PLACE OF DEATH a. COUNTY <u>Saint Charles</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>St. Charles</u>		
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Saint Charles</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Saint Charles</u>		
c. LENGTH OF STAY (In this place) <u>2 1/2 yrs.</u>		d. STREET ADDRESS (If rural, give location) <u>St. Chas. County Home</u>		
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>St. Chas. County Home</u>		e. STREET ADDRESS (If rural, give location) <u>St. Chas. County Home</u>		
3. NAME OF DECEASED (Type or Print) a. (First) <u>Jefferson</u>		b. (Middle) <u>Bishop</u>		c. (Last) <u>Bishop</u>
4. DATE OF DEATH (Month) (Day) (Year) <u>April 4, 1953</u>				
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u>	8. DATE OF BIRTH <u>March 16, 1873</u>	9. AGE (In years last birthday) <u>80</u>
			IF UNDER 1 YEAR Months <u>0</u> Days <u>18</u>	IF UNDER 2 HRS. Hours <u></u> Min. <u></u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Lather</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Retired</u>		11. BIRTHPLACE (State or foreign country) <u>Missouri</u>
12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>				
13a. FATHER'S NAME <u>John Bishop</u>		13b. MOTHER'S MAIDEN NAME <u>Eileen Sheets</u>		14. NAME OF HUSBAND OR WIFE <u>Ella (nee Fischer)</u>
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>		16. SOCIAL SECURITY NO. <u>None</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Harold Bishop, Saint Charles, Mo.</u>
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, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Coronary occlusion</u>		INTERVAL BETWEEN ONSET AND DEATH <u>5 min.</u>
		ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Chronic myocarditis 5 yrs.</u>		
		DUE TO (c) <u>Arteriosclerosis 20 yrs.</u>		
		II. OTHER SIGNIFICANT CONDITIONS? Conditions contributing to the death but not related to the disease or condition causing death. <u>Chronic Atherosclerosis 20 yrs.</u>		
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <u>4221</u>		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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 <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?
22. I hereby certify that I attended the deceased from <u>July 16, 1951</u> , to <u>April 4, 1953</u> , that I last saw the deceased alive on <u>April 3, 1953</u> and that death occurred at <u>6 P. m.</u> , from the causes and on the date stated above.				
23a. SIGNATURE <u>A. P. Erich, M.D.</u> (Degree or title)		23b. ADDRESS <u>St. Charles, Mo.</u>		23c. DATE SIGNED <u>Apr. 7/53</u>
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>April 9, 1953</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Oak Grove Cmty.</u>
		24d. LOCATION (City, town, or county) (State) <u>Saint Charles, Mo.</u>		
DATE REC'D BY LOCAL REG. <u>April 7, 1953</u>		REGISTRAR'S SIGNATURE <u>Bernice Himmelman</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>C. Dallmeijer</u> ADDRESS <u>St. Charles, Mo.</u>

(Licensed Embalmer's Statement on Reverse Side)

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

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Schubert

**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 \_\_\_\_\_

Student Embalmer No. \_\_\_\_\_

working under my personal supervision.

Student .....  
Student Embalmer

Signed

*Frank R. Amalano*

Licensed Embalmer No. 4833

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.