No. 300
10.48

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

THE DIVISION OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 9896

FILED APR 2 1954

BIRTH NO. 1003 REG. DIST. NO. 318 PRIMARY REG. DIST. NO. Registrar's No. 2725

1. PLACE OF DEATH
a. COUNTY
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) St. Louis
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) Homer G. Phillips Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
a. STATE Missouri
b. COUNTY 2189
c. CITY OR TOWN St. Louis
d. Is Residence within limits of a city or incorporated town? Yes XX No ☐ 0
18 STREET ADDRESS (If rural, give location) 3715 Rutger

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

4. DATE OF DEATH (Month) 3 (Day) 22 (Year) 54

5. SEX Male 2
6. COLOR OR RACE Negro
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) widowed 2
8. DATE OF BIRTH 11-29-1894
9. AGE (In years last birthday) 59 — If under 1 year: Months, Days — If under 24 hrs.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Junk dealer
10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (City and State or Foreign Country) St. Louis, Missouri 0
12. CITIZEN OF WHAT COUNTRY? USA

13a. FATHER'S NAME Joseph Bishaw
13b. MOTHER'S MAIDEN NAME Sarah Coleman
14. NAME OF HUSBAND OR WIFE Julia Bishaw

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. none
17. INFORMANT'S SIGNATURE OR NAME Alma Ross **ADDRESS** 4407 rear Kehnerly

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) Adeno-Carcinoma of Sigmoid Colon — INTERVAL BETWEEN ONSET AND DEATH: Undt.
Generalized Peritoneal Metastasis

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

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. Mechanical Intestinal Obstruction

19a. DATE OF OPERATION 1-27-54
19b. MAJOR FINDINGS OF OPERATION Carcinoma of Sigmoid with Generalized Abdominal Carcinomatosis
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) 15 3X
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* 1-22, 1954, *to* 3-22, 1954, *that I last saw the deceased alive on* 3-22, 1954, *and that death occurred at* 6:40 A m., *from the causes and on the date stated above.*

23a. SIGNATURE Earl Belle Smith (Degree or title) M.D.
23b. ADDRESS 2601 N. Whittier
23c. DATE SIGNED 3-23-54

24a. BURIAL, CREMATION, REMOVAL (Specify) removal
24b. DATE 3-26-54
24c. NAME OF CEMETERY OR CREMATORY Greenwood Cemetery
24d. LOCATION (City, town, or county) St. Louis County, Mo. (State)

DATE REC'D BY LOCAL REG. MAR 25 1954
REGISTRAR'S SIGNATURE J Earl Smith MD
25. FUNERAL DIRECTOR'S SIGNATURE Russell Und., Co. **ADDRESS** 2732 Pine bl
(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 emba

by me, or by ....., Student Embalmer No.....

working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed James A. Carter

Licensed Embalmer No. 468

P. O. Address St Louis,

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Fa
to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.