

FILED DEC 2 - 1957

THE DIVISION OF HEALTH OF MISSOURI  
 STANDARD CERTIFICATE OF DEATH

41754  
 STATE FILE NUMBER  
 Registrar's No. 10711

Registration District No. 318 Primary Registration District No. 1003

V. S. 300  
 Rev. 1-57

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

1. PLACE OF DEATH a. COUNTY				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <b>Missouri.</b> b. COUNTY			
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <b>St. Louis.</b>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		c. CITY OR TOWN <b>St. Louis.</b>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>St. Louis City Hospital</b>			Length of stay in 1b <b>1990</b>	d. STREET ADDRESS (If outside, give location) <b>3703 Washington, Blvd.</b>			Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
3. NAME OF DECEASED (Type or print) First <b>Roy</b> Middle <b>Edward</b> Last <b>Bishop</b>				4. DATE OF DEATH Month <b>Nov.</b> Day <b>11,</b> Year <b>1957</b>			
5. SEX <b>Male</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>		8. DATE OF BIRTH <b>Dec. 2, 1888</b>		9. AGE (In years last birthday) <b>68</b>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Retired</b>			10b. KIND OF BUSINESS OR INDUSTRY <b>Railroad</b>	11. BIRTHPLACE (City and state or country) <b>Illinois.</b>		12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>	
13a. FATHER'S NAME <b>Peter Bishop</b>			13b. MOTHER'S MAIDEN NAME <b>Sally Collins</b>		14. NAME OF HUSBAND OR WIFE <b>Lula Bishop</b>		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>No.</b>		16. SOCIAL SECURITY NO. <b>Nil.</b>	17. INFORMANT Address <b>Estelle Bishop, 3703 Washington, Blvd.</b>				
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <b>Subdural Hematoma</b>							INTERVAL BETWEEN ONSET AND DEATH
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.			DUE TO (b)		DUE TO (c)		<b>E904.0 21</b>
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal-disease condition given in PART I (a)							19. WAS AUTOPSY PERFORMED? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>
20a. ACCIDENT <input checked="" type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>			20b. DESCRIBE HOW INJURY OCCURRED (Enter date of injury in PART I. PART II. <b>Opposed to fall in</b>				
20c. TIME OF INJURY Hour <b>11</b> Month, Day, Year <b>8th, 1957</b>			<b>room of Walter, November</b>				
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <b>19 Home</b>		20f. CITY, TOWN, OR LOCATION <b>St. Louis Mo</b>		COUNTY STATE	
21. I attended the deceased from <b>645</b> to <b>A</b> and last saw her alive on <b>000</b> Death occurred at <b>645</b> on the date stated above; and to the best of my knowledge, from the causes stated.							
22a. SIGNATURE <b>Jayson M. Quinn</b> (Degree or title)				22b. ADDRESS <b>1300 Clark</b>		22c. DATE SIGNED <b>11/12/57</b>	
23a. BURIAL, CREMATION, REMOVAL (Specify) <b>Removal</b>		23b. DATE <b>11-12-57</b>	23c. NAME OF CEMETERY OR CREMATORY		23d. LOCATION (City, town, or county) (State) <b>Flora, Illinois.</b>		
24. FUNERAL DIRECTOR ADDRESS <b>Albert H. Hoppe 4700 Washington, Blvd.</b>				25. DATE RECD. BY LOCAL REG. <b>NOV 12 57</b>	26. REGISTRAR'S SIGNATURE <b>J. Carl Smith MD</b> <b>2188</b>		

Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed. All diseases in Part I must be causally related.

St. Louis, Mo.  St. Louis City Hospital   
 3703 Washington Blvd.  Nov. 11, 1957   
 Dec. 2, 1958  Male   
 U.S.A.  Retired   
 St. Louis, Mo.  Peter Bishop   
 3703 Washington Blvd.  No.

**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 .....  
 Signature of Student Embalmer

Signed *Stanley H. Bishop* .....

Licensed Embalmer No. *4193* .....  
 P. O. Address *St. L.* .....

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

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

Form 1-11-58  
 Issued by the Board of Health, St. Louis, Mo.