

Health,
Welfare
Public
Service

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-041295
STATE FILE NUMBER
REGISTRAR'S NO. 11456

FILED DEC 9 1958 Registration District No. 318 Primary Registration District No. 1003

300
1-57

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|--|--|--|--|
| 1. PLACE OF DEATH a. COUNTY | | 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY | |
| b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN St. Louis | | c. CITY OR TOWN St. Louis | |
| Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> | | Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> | |
| c. FULL NAME OF (IF NOT in hospital, give location) HOSPITAL OR INSTITUTION Lutheran Hospital | | d. STREET ADDRESS (If outside, give location) 6127 Wilson Ave. | |
| Length of stay in lb 2 | | Reside on Farm Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> | |

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|--|---------------------------|---|---|--|---------------------------------------|
| 3. NAME OF DECEASED (Type or print) First Middle Last NELLIE BATES BISHOP | | | 4. DATE OF DEATH Month Day Year Nov. 28, 1958 | | |
| 5. SEX female | 6. COLOR OR RACE white | 7. MARRIED <input type="checkbox"/> NEVER MARRIED <input checked="" type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/> | 8. DATE OF BIRTH Feb. 11, 1874 | | 9. AGE (In years last birthday) 84 |
| 10a. USUAL OCCUPATION (Give kind of work done during past of working life, even if retired) at home | | 10b. KIND OF BUSINESS OR INDUSTRY | 11. BIRTHPLACE (City and state or country) Surrey, England 4 | | 12. CITIZEN OF WHAT COUNTRY? USA |

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| 13a. FATHER'S NAME Richard T. Bishop | 13b. MOTHER'S MAIDEN NAME Jane Bates Bishop | 14. NAME OF HUSBAND OR WIFE |
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| 15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) no | 16. SOCIAL SECURITY NO. 188-01-3173 | 17. INFORMANT Mrs. Ruth Bishop-6111 West Park | Address |
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| 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <i>Carcinoma of colon & metastases</i> | | St. Louis 10, Mo. | INTERVAL BETWEEN ONSET AND DEATH 1 year + |
| Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. | DUE TO (b) | | 153.8 |
| | DUE TO (c) | | |
| PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <i>Arteriosclerosis - Heart Disease</i> | | | 19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> |

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| 20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/> | 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.) | | |
| 20c. TIME OF INJURY Hour Month, Day, Year a.m. p.m. | | | |

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|--|--|------------------------------|--------|-------|
| 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.) | 20f. CITY, TOWN, OR LOCATION | COUNTY | STATE |
| 21. I attended the deceased from <u>10/13/53</u> to <u>11/28/58</u> and last saw her alive on <u>10/27/58</u> Death occurred at <u>3155A</u> m on the date stated above; and to the best of my knowledge, from the causes stated. | | | | |

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| 22a. SIGNATURE <i>Eugene V. Hummel M.D.</i> | (Degree or title) | 22b. ADDRESS 4401 Hampton Ave | 22c. DATE SIGNED 11/28/58 |
|--|-------------------|----------------------------------|------------------------------|

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| 23a. BURIAL, CREMATION, REMOVAL (Specify) burial | 23b. DATE 11-29-58 | 23c. NAME OF CEMETERY OR CREMATORY New St. Marcus Cemetery | 23d. LOCATION (City, town, or county) (State) St. Louis, Missouri |
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| 24. FUNERAL DIRECTOR C. R. Lupton & Sons-7233 Delmar | ADDRESS | 25. DATE RECD. BY LOCAL REG. NOV 28 58 | 26. REGISTRAR'S SIGNATURE <i>Carl Smith M.D.</i> |
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(Licensed Embalmer's Statement on Reverse Side)

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

All diseases in Part I must be causally related.

12:00 To 5:00 P.M.

Miss Alice Bishop

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 *Clarence L. Murray*

Licensed Embalmer No. *705*

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.