

MURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

59-037413

FILED VS OCT 19 1959

Registration District No. _____ Primary Registration District No. _____ Registrar's **2 9248** STATE FILE NUMBER

1. PLACE OF DEATH a. COUNTY			2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Mo b. COUNTY			
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN ST. LOUIS Mo		Length of stay in 1b	c. CITY OR TOWN ST. LOUIS		Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION 4004 WALSH		Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) 4004 WALSH		Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/>	
3. NAME OF DECEASED (Type or print) First Middle Last LANK C. BISHOP			4. DATE OF DEATH Month Day Year OCT. 6 1959			
5. SEX MALE	6. COLOR OR RACE WHITE	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH OCT. 28 1882	9. AGE (last birthday) 76	IF UNDER 1 YEAR IF UNDER 24 HR Months Days Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) PLASTER CONTRACTOR		10b. KIND OF BUSINESS OR INDUSTRY Mo.	11. BIRTHPLACE (City and state or country) Mo.	12. CITIZEN OF WHAT COUNTRY USA.		
13a. FATHER'S NAME JOHN BISHOP		13b. MOTHER'S MAIDEN NAME ELLEN SHEETS		14. NAME OF HUSBAND OR WIFE ANNA BISHOP		
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. -	17. INFORMANT Address ANNA BISHOP 4004 WALSH			
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) CHRONIC ENDOCARDITIS					INTERVAL BETWEEN ONSET AND DEATH 10 YRS	
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) 421.4 DUE TO (c)						
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)				PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown		
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	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 a.m. p.m.	Month, Day, Year					
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 SEPT, 1949 to OCT 6 1959 and last saw her/him alive on OCT 5 1959 Death occurred at 7:30 a.m. on the date stated above, and to the best of my knowledge, from the causes stated.						
22. SIGNATURE (Degree or title) Schindewolf M.D.			22b. ADDRESS 2026 So 92nd St		22c. DATE SIGNED 10/7/59	
23a. BURIAL, CREMATION, REMOVAL (Specify) REMOVAL	23b. DATE OCT. 9 1959	23c. NAME OF CEMETERY OR CREMATORY SUNSET BURIAL PK	23d. LOCATION (City, town, or county) (State) ST. LOUIS Mo			
24. GENERAL DIRECTOR ADDRESS Thomas Kates 2906 Leavis		25. DATE RECD. BY LOCAL REG. OCT 8 '59	26. REGISTRAR'S SIGNATURE Lead Smith. M.D.			

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

MJB

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

Eleana Province

Licensed Embalmer No.

3403

P. O. Address

2906 Jra

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.