

**SOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH**  
 DEPARTMENT OF PUBLIC HEALTH AND WELFARE

AMENDED **318** Primary Registration District No. **1003** Registrar's No. **12187** STATE FILE NUMBER **-61-046081**

Registration District No. **318** Primary Registration District No. **1003** Registrar's No. **12187** STATE FILE NUMBER **-61-046081**

**FILED JAN 5 1962**

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>		c. CITY OR TOWN <b>St. Louis</b>	
Length of stay in 1b		Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>Homer G. Phillips</b>		d. STREET ADDRESS (If outside, give location) <b>1704 N. Newstead</b>	
Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>		Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/>	

3. NAME OF DECEASED (Type or print) First <b>Donald</b> Middle <b>Edward</b> Last <b>Bishop</b>			4. DATE OF DEATH Month <b>12</b> Day <b>21</b> Year <b>61</b>				
5. SEX <b>Male</b>	6. COLOR OR RACE <b>Negro</b>	7. Married <input type="checkbox"/> Never Married <input checked="" type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <b>5-4-1931</b>	9. AGE (last birthday) <b>30</b>	IF UNDER 1 YEAR Months <b>7</b> Days <b>18</b> Hours <b></b> Min. <b></b>	IF UNDER 24 HR Hours <b></b> Min. <b></b>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Laborer</b>		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and state or country) <b>Omaha, Neb.</b>		12. CITIZEN OF WHAT COUNTRY <b>USA</b>	
13a. FATHER'S NAME <b>Fred Bishop</b>		13b. MOTHER'S MAIDEN NAME <b>Mattie Tolbert</b>		14. NAME OF HUSBAND OR WIFE <b></b>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>Yes</b>		16. SOCIAL SECURITY NO.		17. INFORMANT Address <b>Mattie T. Nelson 1704 N. Newstead</b>			

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY:			INTERVAL BETWEEN ONSET AND DEATH
IMMEDIATE CAUSE (a) <b>Cardiac Arrest</b>			<b>Undet.</b>
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.	DUE TO (b) <b>Massive Hematemesis</b>		<b>Undet.</b>
	DUE TO (c) <b>Bleeding Esophageal Varices due to Portal Cirrhosis</b>		<b>Undet.</b>
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.) <b>581.0</b>
20c. TIME OF INJURY Hour <b></b> a.m. <b></b> p.m. <b></b>	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 <b>St. Louis</b>	COUNTY <b>St. Louis</b>	STATE <b>Mo.</b>
21. I attended the deceased from <b>12-18-61</b> to <b>12-21-61</b> and last saw <del>him</del> <sup>her</sup> alive on <b>12-21-61</b>		Death occurred at <b>8:20</b> P.m. on the date stated above, and to the best of my knowledge, from the causes stated.		

22a. SIGNATURE <i>D. P. Richards MD</i>	(Degree or title)	22b. ADDRESS <b>2601 N. Whittier Street</b>	22c. DATE SIGNED <b>12-22-61</b>
--	-------------------	--	-------------------------------------

23a. BURIAL, CREMATION, REMOVAL (Specify) <b>Removal</b>	23b. DATE <b>12-29-61</b>	23c. NAME OF CEMETERY OR CREMATORY <b>National Cemetery</b>	23d. LOCATION (City, town, or county) (State) <b>Jefferson Barracks, Mo.</b>
---	------------------------------	--	---

24. FUNERAL DIRECTOR <b>A. L. Beal Und. Co.</b>	ADDRESS <b>4303 Delmar</b>	25. DATE RECD. BY LOCAL REG. <b>DEC 27 1961</b>	26. REGISTRAR'S SIGNATURE <i>Coal Smith M.D.</i>
--	-------------------------------	--	---

STATE AMENDED  
INSTEAD OF  
ITEM NO. SHOULD READ  
BY AFFIDAVIT OF

MEDICAL CERTIFICATION

*Coal Smith M.D.*

**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 Arthur L. Holliard

Licensed Embalmer No. 4921

P. O. Address 3100 Easton

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.