

# MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

779 68 0004242

STATE FILE NUMBER

DO NOT WRITE  
ON THIS STUB

AMENDED

Registration District No. 318 Primary Registration District No. 1003 Registrar's No.

1. PLACE OF DEATH a. COUNTY <b>FILED JAN 25 1968</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <b>Mo</b> b. COUNTY <b>St. Louis</b>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <b>St. Louis</b>		c. CITY OR TOWN <b>Concord Village</b>	
Length of stay in 1b <b>7 1/2 Yrs</b>		Inside Limits <b>Yes</b> <input type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>Our Lady of Perpetual Help</b>		d. STREET ADDRESS (If outside, give location) <b>4156 Concord Oaks Dr.</b>	
Reside on Farm <b>Yes</b> <input type="checkbox"/> No <input type="checkbox"/>			
3. NAME OF DECEASED (Type or print) First <b>William</b> Middle <b>James</b> Last <b>Bishop</b>		4. DATE OF DEATH Month <b>Jan</b> Day <b>16</b> Year <b>1968</b>	
5. SEX <b>Male</b>	6. COLOR OR RACE <b>White</b>	7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <b>11/15/1883</b>
9. AGE (last birthday) <b>84</b>		IF UNDER 1 YEAR Months <b>1</b> Days <b>2</b> Hours <b>9</b> Min. <b>42</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>Barber</b>	
11. BIRTHPLACE (City and state or country) <b>Perryville, Mo.</b>		12. CITIZEN OF WHAT COUNTRY <b>U.S.A.</b>	
13a. FATHER'S NAME <b>William G. Bishop</b>		13b. MOTHER'S MAIDEN NAME <b>Mary Hagan</b>	
14. NAME OF HUSBAND OR WIFE <b>Louise E. 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>487-22-6038</b>	
17. INFORMANT <b>Russell L. Bishop</b>		Address <b>4156 Concord Oaks Dr.</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>Congestive Heart Failure</b>		INTERVAL BETWEEN ONSET AND DEATH <b>1 Day</b>	
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) <b>Arteriosclerosis C.V. Heart Disease</b>		<b>10 yrs</b>	
DUE TO (c) <b>Cerebral Arteriosclerosis - Senile Changes</b>		<b>10 yrs</b>	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <b>Generalized Arteriosclerosis</b>		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 <b>3:42</b> a.m. <b>P</b> Month, Day, Year <b>June 6 1965</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.)		20f. CITY, TOWN, OR LOCATION <b>St. Louis County, Mo</b>	
21. I attended the deceased from <b>June 6 1965</b> , to <b>1/17/68</b> and last saw her alive on <b>1/16/68</b> Death occurred at <b>3:42 P</b> m on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE <b>Robert M. Bishop</b> (Degree or title)		22b. ADDRESS <b>1501 St. Louis</b>	
22c. DATE SIGNED <b>1/17/68</b>			
23a. BURIAL, CREMATION, REMOVAL (Specify) <b>Removal</b>	23b. DATE <b>Jan 19, 1968</b>	23c. NAME OF CEMETERY OR CREMATORY <b>Lakewood Park Cem</b>	
23d. LOCATION (City, town, or county) <b>St. Louis County, Mo</b>			
24. FUNERAL DIRECTOR <b>John L. Ziegenhein and sons 7027 Gravois</b>		25. DATE RECD. BY LOCAL REG. <b>JAN 18 1968</b>	
26. REGISTRAR'S SIGNATURE <b>Robert M. Bishop</b>			

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

USE BLACK INK  
OR  
TYPEWRITER RIBBON

**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

*Edward J. Gentlemen*

Licensed Embalmer No. 5131

P. O. Address St. Louis

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.