

**MISSOURI STATE BOARD OF HEALTH  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF DEATH**

Do not use this space.

**MAY 31 1937**

**1. PLACE OF DEATH**

County St. Louis  
Township Carondelet  
City Koch

Registration District No. 1123  
Primary Registration District No. 6248 B  
(No. Koch Hospital)

File No. 17624  
Registered No. 189  
St. \_\_\_\_\_ Ward \_\_\_\_\_

**2. FULL NAME** Eugene R. Bishop

(a) Residence, No. 1444 Hamilton St., \_\_\_\_\_ Ward. St. Louis  
(Usual place of abode)  
(If nonresident, give city or town and State)

Length of residence in city or town where death occurred yrs. 2 mos. 3 ds. How long in U. S., if of foreign birth? yrs. \_\_\_\_\_ mos. \_\_\_\_\_ ds. \_\_\_\_\_

**PERSONAL AND STATISTICAL PARTICULARS**

**MEDICAL CERTIFICATE OF DEATH**

3. SEX Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Single

21. DATE OF DEATH (MONTH, DAY, AND YEAR) April 27 1937

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF \_\_\_\_\_

22. I HEREBY CERTIFY, That I attended deceased from 2-24-37, 19\_\_\_\_, to 4-27-37, 19\_\_\_\_

I last saw him alive on 4-26-37, 19\_\_\_\_. Death is said to have occurred on the date stated above, at 5 a.m.  
The principal cause of death and related causes of importance were as follows:

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 9-10-05

7. AGE YEARS 31 MONTHS 7 DAYS 17 If LESS than 1 day, \_\_\_\_\_ hrs. or \_\_\_\_\_ min.

Chronic Myocarditis Date of onset Apr. 37

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Clerk  
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. \_\_\_\_\_  
10. Date deceased last worked at this occupation (month and year) \_\_\_\_\_ 11. Total time (years) spent in this occupation \_\_\_\_\_

Other contributory causes of importance:  
Chronic Pulmonary Tuberculosis 1929  
Bronchial Asthma 1929

12. BIRTHPLACE (CITY OR TOWN) Perryville, Missouri (STATE OR COUNTRY)

13. NAME Ray Bishop

14. BIRTHPLACE (CITY OR TOWN) Perryville, Mo. (STATE OR COUNTRY)

Name of operation \_\_\_\_\_ Date of \_\_\_\_\_  
What test confirmed diagnosis? x-ray, sputum Was there an autopsy? Yes

15. MAIDEN NAME Bertha DeWain

16. BIRTHPLACE (CITY OR TOWN) Perryville, Mo. (STATE OR COUNTRY)

23. If death was due to external causes (violence), fill in also the following:  
Accident, suicide, or homicide? \_\_\_\_\_ Date of injury \_\_\_\_\_, 19\_\_\_\_  
Where did injury occur? \_\_\_\_\_ (Specify city or town, county, and State)  
Specify whether injury occurred in industry, in home, or in public place. \_\_\_\_\_

17. INFORMANT Hospital Records (ADDRESS)

18. BURIAL, CREMATION, OR REMOVAL PLACE Perryville Mo DATE 4-29 1937

19. UNDERTAKER A. H. Hoffmann Inc (ADDRESS) 1219 N. Clinton Ave

20. FILED April 27 1937 Registrar. G. M. ...

24. Was disease or injury in any way related to occupation of deceased? No  
If so, specify \_\_\_\_\_  
(Signed) A. J. Steiner, M. D.  
(Address) Koch Hospital  
Koch, Missouri

Exact statement of OCCUPATION is very important.

