MAR 24 1938

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

Do not use this space. 8145

1. PLACE OF DEATH
(a) County S t. Louis 3 Registration District No. 96
(b) Township Primary Registration District No. Registered No. 297
(c) City U City (d) Street No. Christian Old Folks Home St.
(If death occurred in Hospital or Institution, write its name instead of street and number)
(e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME Emma C Bishop 210
(a) Residence, No. 6600 Washington St.
(Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female
4. COLOR OR RACE: White
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write* the word): Widow

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: Albert Bishop

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): 12/20/1855

7. AGE: Years 82 | Months 1 | Days 21 | If LESS than 1 day, ...hrs. or ....min.

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

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Ohio

FATHER
13. NAME: Michael Kumrein
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Unknown

MOTHER
15. MAIDEN NAME: Unknown
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Unknown

17. INFORMANT: C. O. Roblee
(ADDRESS) 5847 Goener Ave

18. BURIAL, CREMATION, OR REMOVAL
PLACE Valhalla Crematory DATE 2/12/38, 19

19. FUNERAL DIRECTOR Robert J. Ambruster
(ADDRESS) 6633 Clayton Road

20. FILED 2-12, 1938 T.R. Mays M.D. D.P.H.
Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 2/11/38, 19

22. I HEREBY CERTIFY, That I attended deceased from 2-9, 1938, to 2-11, 1938
I last saw her alive on 2-11, 1938. Death is said to have occurred on the date stated above, at 2:30 p.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral hemiplegia-Left → hemorrhage.	

Other contributory causes of importance:
arteriosclerosis.

Name of operation none Date of
What test confirmed diagnosis? Was there an autopsy? No.

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.

Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No.
If so, specify

(Signed) K. V. Larsen, M. D.
(Address) 607 N. Grand.

(Licensed Embalmer's Statement on Reverse Side)

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

STATEMENT BY LICENSED EMBALMER

I, Edward H. Bockhorst, Licensed Embalmer No. 2502 XXXXX 250

hereby certify that the body recorded on the reverse side of this certificate was embalmed by

L. E.

No. 2502 or by, Registered Apprentice No.

working under my personal supervision.

Signed Edward H. Bockhorst

Licensed Embalmer No. 2502

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply the above constitutes grounds for revocation of license.)