REC'D APR 8 1938

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

12071
Do not use this space.

1. PLACE OF DEATH
(a) County St. Louis
(b) Township Normandy
(c) City Overland
Registration District No. 784
Primary Registration District No. 204
Registered No. 560
(d) Street No. 3726 Marvin, Ave. 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 walter Clinton Bishop 210
(a) Residence, No. 3726 Marvin, Ave. 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	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)
Male	White	Single

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Dec. 23 1915

7. AGE YEARS	MONTHS	DAYS	If LESS than 1 day, hrs. or min.
22	3	3	

OCCUPATION
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. LABORER
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) 3/25
11. Total time (years) spent in this occupation 0

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Bonnots Mill, Mo. 0

FATHER
13. NAME Lemuel C. Bishop 0
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Bonnots, Mill, Mo

MOTHER
15. MAIDEN NAME Myrtle Smith
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Bonnots Mill, MO.

17. INFORMANT Lemuel Bishop
(ADDRESS) 3726 Marvin, Ave.

18. BURIAL, CREMATION, OR REMOVAL
PLACE Bonnots Mill, Mo DATE 3/29/38

19. FUNERAL DIRECTOR Baumann Bros. Inc.
(ADDRESS) 2504 Woodson, Rd. Overland

20. FILED 3/28 1938 T. R. Meyer M.D. Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 3/26/38, 19

22. I HEREBY CERTIFY, That I attended deceased from 3/26/38, 19, to 3/26/38, 19
I last saw him alive on 3/26/38, 19. Death is said to have occurred on the date stated above, at 3 30 p.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic myocarditis	

Other contributory causes of importance:
Acute Indigestion

Name of operation Date of
What test confirmed diagnosis? Clinical 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) Arnold H. Wurzer M. D.
(Address) 8900 St. Chas Rd.

(Licensed Embalmer's Statement on Reverse Side)

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

WRITE PLAINLY, WITH UNFADING INK

BOM. 1 X12604

93C -

STATEMENT BY LICENSED EMBALMER

I, Oscar F. Mueller, Licensed Embalmer No. 3139

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

L. E.

No. 3039 or by , Registered Apprentice No.

working under my personal supervision.

Signed Oscar F. Mueller

Licensed Embalmer No. 3039

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

FILL IN ANSWERS TO ALL SPACES CHECKED IN RED PENCIL.

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CERTIFICATE OF DEATH

12071
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1. PLACE OF DEATH
(a) County St Louis — Registration District No. 784
(b) Township — Primary Registration District No. 200 — Registered No.
(c) City Overland — (d) Street No. — 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 Walter Clinton Bishop
(a) Residence, No. — 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: m
4. COLOR OR RACE: W
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word): S

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR)

7. AGE

YEARS	MONTHS	DAYS	If LESS than 1 day, ...hrs. or ...min.
22	3	3	

OCCUPATION
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc.
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)

FATHER
13. NAME
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)

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

17. INFORMANT (ADDRESS)

18. BURIAL, CREMATION, OR REMOVAL
PLACE — DATE — 19

19. FUNERAL DIRECTOR (ADDRESS)

20. FILED — 19 — Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 3 - 26, 1938

22. I HEREBY CERTIFY, That I attended deceased from ... 19 to ..., 19...
I last saw h... alive on ..., 19... Death is said to have occurred on the date stated above, at ... m.
The principal cause of death and related causes of importance were as follows:

Chronic Myo Carditis

Date of onset

Other contributory causes of importance:
acute indigestion
Gastro Enteritis

Name of operation — Date of
What test confirmed diagnosis? — Was there an autopsy?

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?
If so, specify
(Signed) Arnold H. Wurzer, M. D.
(Address) 8900 St Chas Rd.

SUPPLEMENTARY

N. B. ... ation sh... be carefully supplied. AGE should be stated EXACTLY ... CAUSE ... n terms, ... hat it may be properly classified. Exact statement of OCCUPATION is very important.

REGISTRARS SHALL NOT RECEIVE A FEE FOR CERTIFICATES UNTIL THEY ARE COMPLETED AS PRESCRIBED BY LAW.