

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. **30177**
Registrar's No. **7516**

Registration District No. **117041**

Primary Registration District No. **1003**

1. PLACE OF DEATH:

(a) County **St. Louis**
(b) City or town **St. Louis**
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: **1111 Cockrill /**
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____
(Specify whether _____)
In this community _____
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State **Mo.** (b) County **St. Louis**
(c) City or town **St. Louis**
(If outside city or town limits, write "RURAL")
(d) Street No. **1111 Cockrill**
(If rural, give location)
(e) Citizen of foreign country? **!** (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME **Felix Roland Bishop.**

3. (b) If veteran, name war **No** 3. (c) Social Security No **497-10-2549**

4. Sex **male** 5. Color or race **white** 6. (a) Single, widowed, married, divorced **married**

6. (b) Name of husband or wife **Lucy Bishop** 6. (c) Age of husband or wife if alive **57** years

7. Birth date of deceased **April 1, 1884.**
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
57 **5** **15** hr. min.

9. Birthplace **Iowa**
(City, town, or county) (State or foreign country)

10. Usual occupation **Office Clerk**

11. Industry or business **B. & D Transfur Co.**

12. Name **Raulph Bishop**

13. Birthplace **Iowa**
(City, town, or county) (State or foreign country)

14. Maiden name **Alie Dufur**

15. Birthplace **Iowa**
(City, town, or county) (State or foreign country)

16. (a) Informant **Mrs. Lucy Bishop**

(b) Address **1111 Cockrill**

17. (a) **Removal** (b) Date thereof **Sept. 18/41**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **B. uecklin, Mo.**

18. (a) Signature of funeral director **Jos. W. Clark**

(b) Address **1125 Hodiamont Ave.,**

19. (a) **SEP 17 1941** (b) **J. Bredsch**
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **Sept.** day **16**
year **1941** hour **1.45** minute **P.M.** M.

21. I hereby certify that I attended the deceased from _____
_____ 19____ to _____ 19____;

that I last saw h. _____ alive on _____ 19____;
and that death occurred on the date and hour stated above.

Immediate cause of death _____

Coronary Occlusion
Arteria Sclerosis

Due to _____

Other conditions _____
(Include pregnancy within 3 months of death)

Major findings:
Of operations _____

Of autopsy _____

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) _____
(b) Date of occurrence _____
(c) Where did injury occur? _____
(City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? _____

While at work? _____ (Specify type of place)
(e) Means of injury **3**

23. Signature **Thomas J. Callahan** (M.D. or other)
Address **Deputy Coroner** Date signed **9/17/41**

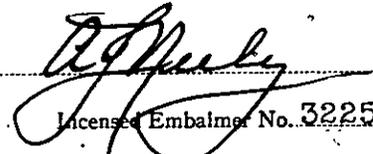
WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

32110

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.....
....., Registered Apprentice No.....
working under my personal supervision.

Signed.....


Licensed Embalmer No. 3225

P. O. Address 125 Hodiament Ave.,

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 this body is not embalmed, fact should be so stated above.