

FILED JAN 5 1945

State File No.

Registration District No. **318**

Primary Registration District No. **1003**

Registrar's No. **10927**

1. PLACE OF DEATH:

(a) County St. Louis Missouri
(b) City or town St. Louis Missouri
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: St. Louis City Hospital-Mar C. Starkloff Memorial
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 0 (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

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

3. (a) PRINT FULL NAME

Bonnie Bishop

3. (b) If veteran, name war -----

3. (c) Social Security No. -----

4. Sex f

5. Color or race W

6. (a) Single, widowed, married, divorced 0

6. (b) Name of husband or wife _____

6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased June 10 44
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
6 10 hr. min.

9. Birthplace St. Louis Mo
(City, town, or county) (State or foreign country)

10. Usual occupation -----

11. Industry or business -----

12. Name Elvan Bishop

13. Birthplace Ripley Co. Mo
(City, town, or county) (State or foreign country)

14. Maiden name Walter Saoullh

15. Birthplace Loneoke Ark
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs E. Bishop

(b) Address 919 Baden

17. (a) Burial (b) Date thereof 12-22-44
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Friedensan Cemetery

18. (a) Signature of funeral director Central Und Co.

(b) Address 1841 Cass ave

19. (a) DEC 22 1944 (b) J. F. Bredeek
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec. day 20th
year 1944 hour 3:40 minute P.M.

21. I hereby certify that I attended the deceased from 12/19/44
19 12/20/44 to 19 12/20/44
that I last saw her alive on 12/20/44 19 _____
and that death occurred on the date and hour stated above.

Immediate cause of death Diarrhea - Acidosis Duration 2 days
Due to Acute Otitis Media 2 days

Due to -----
Other conditions 11/7
(Include pregnancy within 3 months of death)

Major findings: Diarrhea
Of operations -----
Of autopsy Diarrhea

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? -----

(Specify type of place) (e) Means of injury -----
While at work? -----
23. Signature C. G. Watkins (M. D. or other) M.D.
Address 1515 Lafayette 12/20/44

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

MOTHER FATHER

Albert G. Hopper
2971

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 *Albert G. Hopper*

Licensed Embalmer No. *2971*

P. O. Address.....

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.