S. No. 2
M—5-42
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I X32873

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED APR 5 1946

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 10909

Registration District No. 318 Primary Registration District No. 100 Registrar's No. 2904

1. PLACE OF DEATH:

(a) County

(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: Hamilton Hotel 956 Hamilton
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution (Specify whether
In this community 7 years
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County St. Louis

(c) City or town
(If outside city or town limits, write "RURAL")

(d) Street No. Hamilton Hotel, Hamilton & Maple 956 Hamilton
(If rural, give location)

(e) Citizen of foreign country? No. (Yes or No)

If yes, name country

3. (a) PRINT FULL NAME CHARLES HENRY BISHOP

3. (b) If veteran, name war No.

3. (c) Social Security No. No.

4. Sex M.

5. Color or race W.

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

6. (b) Name of husband or wife Agnes

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

7. Birth date of deceased October (Month) 21 (Day) 1876 (Year)

8. AGE: Years 69 Months 5 Days 6 If less than one day hr. min.

9. Birthplace Alton, (City, town, or county) Illinois (State or foreign country)

10. Usual occupation Proprietor

11. Industry or business Music Store

FATHER
12. Name Wm. Henry Bishop
13. Birthplace Keene, N. H. (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Mary Frances Purcell
15. Birthplace Vermillion, Illinois (City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Gertrude E. Ridgeway

(b) Address Hanilton, Hotel

17. (a) cremation (Burial, cremation, or removal) (b) Date thereof 3/30-46 (Month) (Day) (Year)

(c) Place: burial or cremation Valhalla

18. (a) Signature of funeral director Alexander & Sons

(b) Address 6175 Delmar

19. (a) MAR 28 1946 (Date received local registrar) J. F. Breneck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 27 year 1946 hour 4: minute 55 A. M.

21. I hereby certify that I attended the deceased from March 26, 1946, to March 27, 1946, that I last saw him alive on March 26, 1946, and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Terminal pneumonia.	1 day
Due to Myocarditis, Chr	10 days +
Due to Mental condition incompacitated for 30 years.	
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations	
Of autopsy	

PHYSICIAN

Underline the cause to which death should be charged statistically.

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22. If death was due to external causes, fill in the following: No

(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)

While at work? (e) Means of injury

23. Signature [signature] (M. D. or other)

Address 864 Hamilton Blvd Date signed 3-27-46

(Licensed Embalmer's Statement on Reverse Side)

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 Geo. E. McCulloh

Licensed Embalmer No. 2466

P. O. Address 6175 Delmar

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.