

FILED MAR 12 1952

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No.

IC#4691199
REG#99498
BIRTH NO.

REG. DIST. NO. 317 PRIMARY REG. DIST. NO. 6074 Registrar's No. 313

000

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

1. PLACE OF DEATH a. COUNTY ST. LOUIS		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE MISSOURI b. COUNTY AUDRAIN	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN JEFFERSON BARRACKS		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN VANDALIA	
c. LENGTH OF STAY (in this place) 18 DAYS		d. STREET ADDRESS (If rural, give location) 611 W. PARK.	
d. FULL NAME OF HOSPITAL OR INSTITUTION VETERANS ADMINISTRATION HOSP			

3. NAME OF DECEASED (Type or Print) a. (First) WILLIAM		b. (Middle) (NMI)		c. (Last) BISHOP		4. DATE OF DEATH (Month) (Day) (Year) 2-5-52	
5. SEX MALE	6. COLOR OR RACE NEGRO	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) MARRIED		8. DATE OF BIRTH 5-9-1898		9. AGE (In years last birthday) 53	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) FARMERS HELPER		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) ST. CHARLES, MO.		12. CITIZEN OF WHAT COUNTRY? USA	

13a. FATHER'S NAME ED BISHOP		13b. MOTHER'S MAIDEN NAME LIZZIE ROBINSON		14. NAME OF HUSBAND OR WIFE ARBELLA BISHOP	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) YES		16. SOCIAL SECURITY NO. UNKNOWN		17. INFORMANT'S SIGNATURE OR NAME VA HOSPITAL RECORDS, JEFF. BRKS., MO.	
15. YES (If yes, give war or date of service) WW-I		16. UNKNOWN		17. ADDRESS	

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) HYPERTENSIVE CARDIOVASCULAR DISEASE		INTERVAL BETWEEN ONSET AND DEATH
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____		
	II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. GANGRENE LEFT FOOT		

19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION 443X		20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) VA		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?	

22. I hereby certify that I attended the deceased from **1-18-52**, 19**52**, to **2-5-52**, 19**52**, that death was the result of **hypertensive cardiovascular disease**, and that death occurred at **12:25 a. m.**, from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) E. C. O'BRIEN, MD		23b. ADDRESS VAH JEFFERSON BARRACKS, MO.		23c. DATE SIGNED 2-5-52	
24a. BURIAL, CREMATION, REMOVAL (Specify) Removal		24b. DATE 2/6/52		24c. NAME OF CEMETERY OR CREMATORY Vandalia Missouri	
24d. LOCATION (City, town, or county) (State)		24e. NAME OF CEMETERY OR CREMATORY		24f. LOCATION (City, town, or county) (State)	
DATE REC'D BY LOCAL REG. 2-5-52		REGISTRAR'S SIGNATURE Herbert R. Damba M.D.		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS GATES FUNERAL HOME, 4107 Finney Avenue	

APR 12 1959

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.....

.....
working under my personal supervision.

Student Embalmer No.....

Signed.....

Thomas J. Bates

Signed.....
Student Embalmer

Licensed Embalmer No. 4359

P. O. Address 4107 Finney Avenue

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.