

FILED JUN 27 1952

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **21747**
5285

BIRTH NO. _____		REG. DIST. NO. 318		PRIMARY REG. DIST. NO. 1003		Registrar's No. _____	
1. PLACE OF DEATH a. COUNTY _____				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Kentucky b. COUNTY Dayiess			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis, Missouri		c. LENGTH OF STAY (in this place) _____		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Owensboro		8160	
d. FULL NAME OF HOSPITAL OR INSTITUTION DesLoge Hospital				d. STREET ADDRESS (If rural, give location) J			
3. NAME OF DECEASED (Type or Print) a. (First) Jacob b. (Middle) E. c. (Last) Bishop Jr.			4. DATE OF DEATH (Month) (Day) (Year) June 6, 1952				
5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH Apr 20, 1926	9. AGE (In years last birthday) 26	IF UNDER 1 YEAR Months _____ Days _____	IF UNDER 10 HRS. Hours _____ Mins. _____	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Salesman		10b. KIND OF BUSINESS OR INDUSTRY _____		11. BIRTHPLACE (City and State or Foreign Country) Evansville, Indiana		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
13a. FATHER'S NAME Jacob Bishop Sr.			13b. MOTHER'S MAIDEN NAME Dolores Bauman		14. NAME OF HUSBAND OR WIFE Wilma Bishop		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No		16. SOCIAL SECURITY NO. None		17. INFORMANT'S SIGNATURE OR NAME ADDRESS James Bishop, 3507 Vista Avenue			
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, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cerebral anoxia					INTERVAL BETWEEN ONSET AND DEATH 2+ days
ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last.		DUE TO (b) Operative hemorrhage.		DUE TO (c) Aneurysm of left subclavian artery		2+ days	
II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death. Multiple congenital vascular anomalies						2+ years	
19a. DATE OF OPERATION 6/4/52		19b. MAJOR FINDINGS OF OPERATION Aneurysm lt. subclavian artery				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) _____		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? 022X			
22. I hereby certify that I attended the deceased from May 20, 1952 to June 6, 1952 , that I last saw the deceased alive on 6-6, 1952 , and that death occurred at 7:30 p. m. , from the causes and on the date stated above.							
23a. SIGNATURE C. P. Rollins, Healer (M.D.) (Degree or title)				23b. ADDRESS 1325 S. Grand Boulevard St. L.		23c. DATE SIGNED 6-7-52	
24a. BURIAL, CREMATION, REMOVAL (Specify) Removal		24b. DATE 6-7-52		24c. NAME OF CEMETERY OR CREMATORY _____		24d. LOCATION (City, town, or county) (State) Evansville, Indiana	
DATE REC'D BY LOCAL REG. JUN 10 1952		REGISTRAR'S SIGNATURE J. Carl Smith M.D.		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Albert H. Hoppe, 4700 Washington Bl			

(Licensed Embalmer's Statement on Reverse Side)

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

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 _____

Student Embalmer No. _____

working under my personal supervision.

Student

Student Embalmer

Signed

M. W. Rueter

Licensed Embalmer No. *4865*

P. O. Address *St Louis Mo.*

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.