

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

29245

State File No.

FILED SEP 8 - 1952

318

REG. DIST. NO.

1003

Registrar's No.

8027

BIRTH NO.		REG. DIST. NO.		PRIMARY REG. DIST. NO.		Registrar's No.	
1. PLACE OF DEATH a. COUNTY <u>0</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>2194</u>			
b. CITY (If outside corporate limits, write RURAL and give OR TOWN <u>St. Louis</u>)		c. LENGTH OF STAY (in this place) <u>0</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>St. Louis</u>		d. STREET ADDRESS (If rural, give location) <u>362 N Taylor</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Homer G Phillips</u>							
3. NAME OF DECEASED (Type or Print) a. (First) <u>Hugh</u>		b. (Middle) <u>Bishop</u>		c. (Last) <u>Bishop</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>August 19 1952</u>	
5. SEX <u>Male 2</u>		6. COLOR OR RACE <u>Colored</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Single 0</u>		8. DATE OF BIRTH <u>March 7, 1897</u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Porter</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>None</u>		9. AGE (in years last birthday) <u>55</u>		11. BIRTHPLACE (State or foreign country) <u>Kentucky</u>	
13a. FATHER'S NAME <u>Gabe Bishop</u>		13b. MOTHER'S MAIDEN NAME <u>Annie Stratton</u>		14. NAME OF HUSBAND OR WIFE <u>None</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>Unknown</u>		16. SOCIAL SECURITY NO.		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Ethel Creeg, 4053 Emmitto</u>			
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)							
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Bronchogenic Carcinoma, Metastatic</u>							
*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.							
II. ANTECEDENT CAUSES							
Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last.							
DUE TO (b) <u>Undetermined</u>							
DUE TO (c) <u>None</u>							
III. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>None</u>							
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION					
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" 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? <u>162X</u>					
22. I hereby certify that I attended the deceased from <u>8-1</u> , 19 <u>52</u> , to <u>8-19</u> , 19 <u>52</u> ; that I last saw the deceased alive on <u>8-19</u> , 19 <u>52</u> , and that death occurred at <u>12:15p</u> m., from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) <u>Chas. P. Fardel M. D. O.</u>				23b. ADDRESS <u>2601 N Whittier St</u>		23c. DATE SIGNED <u>8-21-52</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removal 4</u>		24b. DATE <u>8-25-52</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Oak Dale</u>		24d. LOCATION (City, town, or county) (State) <u>St. Louis County Mo.</u>	
DATE REC'D BY LOCAL REG. <u>AUG 25 1952</u>		REGISTRAR'S SIGNATURE <u>J. Carl Smith MD</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Ellis Funeral Home 8820 Stoddard St.</u>			

(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.....

.....
working under my personal supervision.

Student Embalmer No.....

Signed Fulton E. Culkin

Signed.....
Student Embalmer

Licensed Embalmer No. 4198

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.