

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

42188

State File No. ....

10497

FILED DEC 16 1954

REG. DIST. NO. 318

PRIMARY REG. DIST. NO. 1003

Registrar's No. ....

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 <u>Missouri</u> b. COUNTY _____			
b. CITY (If outside corporate limits, write RURAL and give OR TOWN <u>St. Louis</u> )		c. LENGTH OF STAY (in this place) _____		c. CITY OR TOWN <u>St. Louis</u>		d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>4045 So. Spring Ave.</u>				STREET ADDRESS (If rural, give location) <u>15 4045 So. Spring Ave.</u> <span style="float: right;">2159</span>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>Ira</u>		b. (Middle) <u>B.</u>		c. (Last) <u>Bishop</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>Nov.</u> <u>17</u> , <u>1954</u>	
5. SEX <u>Male</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>		8. DATE OF BIRTH <u>Nov. 22, 1867</u>	
9. AGE (in years last birthday) <u>86</u>		IF UNDER 1 YEAR Months _____ Days _____		IF UNDER 1 HR. Hours _____ Min. _____		11. BIRTHPLACE (City and State or Foreign Country) <u>Fairfax, Vermont</u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>(retired) Druggist</u>				10b. KIND OF BUSINESS OR INDUSTRY <u>Drug</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
13a. FATHER'S NAME <u>Ira C. Bishop</u>			13b. MOTHER'S MAIDEN NAME <u>Augusta Brusch</u>			14. NAME OF HUSBAND OR WIFE <u>Edna Miller Bishop</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u>		16. SOCIAL SECURITY NO. <u>None</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Edna B. Bishop - 4045 So. Spring Ave</u>			
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, ashenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cerebral Hemorrhage</u>  ANTECEDENT CAUSES <u>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.</u>  DUE TO (b) _____  DUE TO (c) _____  II. OTHER SIGNIFICANT CONDITIONS <u>Conditions contributing to the death but not related to the disease or condition causing death.</u>				INTERVAL BETWEEN ONSET AND DEATH <u>1 hour</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>331X</u>				22. I hereby certify that I attended the deceased from <u>June 1</u> , 19 <u>52</u> , to <u>Nov. 17</u> , 19 <u>54</u> , that I last saw the deceased alive on <u>Aug 20</u> , 19 <u>54</u> , and that death occurred at <u>8:00Am.</u> , from the causes and on the date stated above.	
23a. SIGNATURE <u>H. H. Sheehyford</u> (Degree or title) <u>M.D.</u>			23b. ADDRESS <u>3903 Olive</u>			23c. DATE SIGNED <u>11/17/54</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removal</u>		24b. DATE <u>Nov. 20, 1954</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Valhalla Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>St. Louis County, Missouri</u>	
DATE REC'D BY LOCAL REG. <u>NOV 18 1954</u>		REGISTRAR'S SIGNATURE <u>J. Carl Smith, M.D.</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Wacker - Helderle - 3634 Gravois Ave.</u>			

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

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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.....  
Signature of Student Embalmer

Signed.....

*Frank J. Gland*  
Licensed Embalmer No. *267*  
P. O. Address *St. Louis*

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.  
If this body is not embalmed, fact should be so stated above.