

FILED DEC 20 1957

STANDARD CERTIFICATE OF DEATH

46541
STATE FILE NUMBER

Registration District No. 319 Primary Registration District No. 541 Registrar's No. 2933

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1-56

Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed. All diseases in Part I must be casually related. Coroner cannot certify to a death due to natural causes.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

1. PLACE OF DEATH a. COUNTY St. Louis				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY St. Louis							
b. CITY (If outside corporate limits, give TOWNSHIP only) Clayton		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		c. CITY OR TOWN Glendale <u>4651</u>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>					
c. FULL NAME OF (If NOT in hospital, give location) St. Louis County Hosp. D.O.A.			Length of stay in 1b Hosp. D.O.A.			d. STREET ADDRESS (If outside, give location) Venneman Ave. 744 Venneman Ave.					
3. NAME OF DECEASED (Type or print) DORSEY			First MARVIN		Last BISHOP		4. DATE OF DEATH Month Nov. Day 23 Year 1957				
5. SEX male		6. COLOR OR RACE white		7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>		8. DATE OF BIRTH Sept. 21, 1905		9. AGE (In years last birthday) 52			
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Secretary		10b. KIND OF BUSINESS OR INDUSTRY Stamper Company		11. BIRTHPLACE (City and state or country) Ravenwood, Missouri			12. CITIZEN OF WHAT COUNTRY? USA				
13. FATHER'S NAME Dorsey Marvin Bishop, 1st				14. MOTHER'S MAIDEN NAME Grace Goodson							
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 Mary Margaret Bishop, Glendale, Mo.		Address					
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Traumatic intracranial injury resulting from a blow to the head								INTERVAL BETWEEN ONSET AND DEATH			
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.		DUE TO (b)		DUE TO (c)		PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a)					
20a. ACCIDENT <input checked="" type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) Found at foot of stairs in home 900 0									
20c. TIME OF INJURY 8:00 p.m. approximately		Hour Month, Day, Year 11/22/57		20d. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.) foot of basement stairs		20e. CITY, TOWN, OR LOCATION Glendale <u>400</u>		20f. COUNTY St. Louis		20g. STATE Mo.	
21. I attended the deceased from _____, to _____ and last saw her/him alive on _____ Death occurred at _____ m on the date stated above; and to the best of my knowledge, from the causes stated.		22a. SIGNATURE <i>James H. Harris</i> (Degree or title) Coroner		22b. ADDRESS Clayton, Mo.				22c. DATE SIGNED 12/2/57			
23a. REMOVAL OF CORPSE (Initials) # # # # #		23b. DATE 11-23-57		23c. NAME OF CEMETERY OR CREMATORY local		23d. LOCATION (City, town, or county) (State) Moberly, Missouri					
24. FUNERAL DIRECTOR C. R. Lupton & Sons-7233 Delmar				25. DATE RECD. BY LOCAL REG. 11-23-57		26. REGISTRAR'S SIGNATURE <i>Herbert R. Danhe</i>					

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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 Clarence H. Perry

Licensed Embalmer No. 401

P. O. Address W. R. Perry

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.