

**MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH**

Do not use this space.

10976

1. PLACE OF DEATH

County..... Registration District No. 791
Township..... Primary Registration District No. 1003
City St Louis (No. 5093 Ridge)

File No.....
Registered No. 3006
St. Ward)

2. FULL NAME

Robert B Shortal
(a) Residence. No. St. 6 Ward.
(Usual place of abode) (If nonresident, give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX male 4. COLOR OR RACE white 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Anna A Shortal

6. DATE OF BIRTH (MONTH, DAY AND YEAR) March 8 1860

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
70 0 16

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work Insurance salesman
(b) General nature of industry, business, or establishment in which employed (or employer).....
(c) Name of employer.....

9. BIRTHPLACE (CITY OR TOWN)..... (STATE OR COUNTRY) New Jersey

10. NAME OF FATHER Patrick Shortal

11. BIRTHPLACE OF FATHER (CITY OR TOWN)..... (STATE OR COUNTRY) Ireland

12. MAIDEN NAME OF MOTHER Margaret Sheedy

13. BIRTHPLACE OF MOTHER (CITY OR TOWN)..... (STATE OR COUNTRY) Ireland

14. INFORMANT Mrs Anna A Shortal
(Address) 5093 Ridge

15. FILED APR 25 1930 Registrar

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) March 24 1930

17. I HEREBY CERTIFY, That I attended deceased from March 21 1930 to March 24 1930 that I last saw him alive on March 23 1930, and that death occurred, on the date stated above, at 12:20 a. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Chronic Endocarditis and Acute Anemia
(duration) yrs. mos. ds.

CONTRIBUTORY (SECONDARY) J. A. (duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED
IF NOT AT PLACE OF DEATH.....

19. DID AN OPERATION PRECEDE DEATH? DATE OF.....
WAS THERE AN AUTOPSY?

WHAT TEST CONFIRMED DIAGNOSIS
(Signed) Arthur H. Gosh M. D.
Mar 24 1930 (Address) 1901 Madison St

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) Whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL Cemetery DATE OF BURIAL 3-26 1930

20. UNDERTAKER Arthur J. Donnelly ADDRESS 2039 Maple St

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

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PARENTS

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