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

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.

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

Do not use this space.

3546

1. PLACE OF DEATH

County ..... Registration District No. 701 File No. .....

Township ..... Primary Registration District No. 1003 Registered No. 480

City St. Louis (No. 3837a Ashland Av. St. ..... Ward)

2. FULL NAME Louis L. Short

(a) Residence, No. 3837a Ashland St., 10 Ward. (If nonresident, give city or town and State)
(Usual place of abode)

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	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)
Male	White	Single

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF — Single

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 11 - 19 - 1910

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, ... hrs. or ..... min.
	22	1	23	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Barber

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Self

10. Date deceased last worked at this occupation (month and year) ..... 11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Carrollton Ill

FATHER

13. NAME Clement Short

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Carrollton Ill

MOTHER

15. MAIDEN NAME Calmetta Hutchens

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Carrollton Ill

17. INFORMANT (ADDRESS) Clement Short 3837a Ashland Av.

18. BURIAL, CREMATION, OR REMOVAL
PLACE Carrollton Ill DATE 1 - 16 1933

19. UNDERTAKER (ADDRESS) Akron Undtkg Co 2707 N Grand Ber.

20. FILED JAN 13 1933 19 Max C Starkloff Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 1 - 12 1933

22. I HEREBY CERTIFY, That I attended deceased from Jan 6, 1933, to Jan 12, 1933

I last saw him alive on Jan 12, 1933. Death is said to have occurred on the date stated above, at 4 45 p.m.

The principal cause of death and related causes of importance were as follows:

Acute Bilateral Lobar Pneumonia

Date of onset 1-7-33

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Other contributory causes of importance:

Name of operation None Date of .....

What test confirmed diagnosis? Bilateral Was there an autopsy? No

23. If death was due to external causes (violence), fill in also the following:

Accident, suicide, or homicide? — Date of injury —, 19....

Where did injury occur? — (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. —

Manner of injury —

Nature of injury —

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify .....

(Signed) R. E. Owen, M. D.

(Address) University Club Bldg