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

Do not use this space.

7202

1. PLACE OF DEATH

County St. Louis. Registration District No. 1123.

Township Carondelet Primary Registration District No. 6248 B. File No.

City Jefferson Barracks, Mo. (No.) Veterans Administration Hospital. St. (Ward) Registered No. 73

2. FULL NAME SHORTAL, George R.

(a) Residence, No. 5620 Acme Ave., St. Louis, Missouri. Ward.
(Usual place of abode) (If nonresident, give city or town and State)

Length of residence in city or town where death occurred Un yrs. kn mos. own 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) Sept. 30, 1899

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, ...hrs. or ....min.
	33	4	27	

OCCUPATION

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

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

10. Date deceased last worked at this occupation (month and year) Abt. a mo. ago. 11. Total time (years) spent in this occupation abt. 3yr.

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Jerseyville, Illinois.

FATHER

13. NAME Robert B. Shortal

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Bordentown, N.J.

MOTHER

15. MAIDEN NAME Anna West

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Jerseyville, Illinois.

17. INFORMANT C. H. SMITH, M.D.
(ADDRESS) Vet. Hosp. Jeff. Mo.

18. BURIAL, CREMATION, OR REMOVAL
PLACE Calvary - DATE March, 1933

19. UNDERTAKER Gerger Connell
(ADDRESS) Kosem

20. FILED 2-27, 1933 L. C. Chock M.D.
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) February 27, 1933

22. I HEREBY CERTIFY, That I attended deceased from February 23, 1933, to February 27, 1933

I last saw him alive on February 27, 1933. Death is said to have occurred on the date stated above, at 8:30A m.

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

	Date of onset
Bronchopneumonia 194 B	Unk.

Other contributory causes of importance:

Fracture, right mandible, simple	2/18/33
Lacerated wound right side of face.	"

Name of operation None Date of -

What test confirmed diagnosis? Clinical, physical, x-ray. 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?

If so, specify

(Signed) W. C. GIBSON, M.D. Maj. Mc Corp. In Chg., M. D.

(Address) Vet. Adm. Hosp. Jeff. Brks., Mo.

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.

WHEN FILLING IN, WITH UNFADING INK—THIS IS A PERMANENT RECORD