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.

JAN 10 1937

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

Do not use this space.
46413

Registration District No. 791
Primary Registration District No. 1003
File No.
Registered No. 12200

1. PLACE OF DEATH
County
Township
City ST. LOUIS (No. PEOPLES HOSPITAL St. Ward)

2. FULL NAME RENA SHORTER
(a) Residence, No. 4045 COOK St., 11 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: FEMALE
4. COLOR OR RACE: COL.
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write the word*): WIDOW
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: WIDOW
6. DATE OF BIRTH (MONTH, DAY, AND YEAR): DEC. 9-1878
7. AGE: YEARS 55 MONTHS 4 DAYS 8 If LESS than 1 day, hrs. or min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Housekeeper
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: Sick
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): MACON MISS.

FATHER
13. NAME: LEEANDREW TREMBLE
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): MACON MISS.

MOTHER
15. MAIDEN NAME: PHILLIS SMITH
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): SOUTH CAROLINA

17. INFORMANT (ADDRESS): ARELIA SMITH GRAHAM 4045 COOK AVE.
18. BURIAL, CREMATION, OR REMOVAL PLACE: WASHINGTON PARK DATE: 12-15 1936
19. UNDERTAKER (ADDRESS): ELMER E. PETTIS 3830 DELMAR
20. FILED: DEC 1 2 1936 J. F. Bredeck Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): 12-10-1936
22. I HEREBY CERTIFY, That I attended deceased from 3-18-1936, to 12-10-1936
I last saw him alive on 12-10-1936. Death is said to have occurred on the date stated above, at 10.25 P.M.
The principal cause of death and related causes of importance were as follows:

	Date of onset
CARCINOMA OF RECTUM	3 yrs
SECONDARY ANEMIA	2 wks
Other contributory causes of importance:	
RECTAL STRICTURE	1 yr.

Name of operation: NONE Date of
What test confirmed diagnosis? CLINICAL 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) C. M. Jones, M. D.
(Address) 3447 Prine Blvd.