

DEC 28 1937

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

42398
Do not use this space.

1. PLACE OF DEATH

(a) County St. Louis
(b) Township St. Ferdinand
(c) City Carsonville, Mo.
(e) Length of residence in city or town where death occurred yrs. mos. ds.

Registration District No. 489
Primary Registration District No. 603303
(d) Street No. 3914 Carson Road
(If death occurred in Hospital or Institution, write its name instead of street and number)

Registered No. 300
St. _____
(f) How long in U.S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME Kate Shortall,

(a) Residence, No. 3914 Carson Road St.
(Usual place of abode, if no street address, write county or city) (If nonresident, give city of town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widowed

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Joseph Shortall

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Don't Know

AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, hrs. or min.
<u>About</u>	<u>79</u>			

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Housework
9. Industry or business in which work was done, as saw mill, bank, etc.
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) Ireland

13. NAME John Haley

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ireland

15. MAIDEN NAME Don't Know

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ireland

17. INFORMANT Mrs. Elizabeth Haley
(ADDRESS) Kirkwood, Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Calvary Cem., DATE Nov. 2/37

19. FUNERAL DIRECTOR Jos. W. Clark,
(ADDRESS) 1125 Hodiament Ave.

20. FILED 10-1-37 Old Backer
Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Oct. 30/37, 19

22. I HEREBY CERTIFY, That I attended deceased from March 20 - 1934, to Oct 30 - 1937

I last saw him or alive on 10-30, 1937. Death is said

to have occurred on the date stated above, at 7:10 A.M.

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

Diabetic Coma

Date of onset
4 da

Other contributory causes of importance:

Diabetes mellitus
Arterio-sclerosis

3 yrs
10 yrs

Name of operation none Date of _____

What test confirmed diagnosis? lab 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) Geo. R. Kunkel, M. D.

(Address) 340 Bermuda Ave

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.

Dr. Geo. Klinkerfuss
334 Bermuda Ave.,
Ev. 4940.

STATEMENT BY LICENSED EMBALMER

I, Jos. W. Clark, Licensed Embalmer No. 1661.

hereby certify that the body recorded on the reverse side of this certificate was embalmed by myself

L. E.

No. _____ or by _____, Registered Apprentice No. _____
working under my personal supervision.

Signed

Jos. W. Clark
Licensed Embalmer No. 1661.

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.)