

DEC 12 1938

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

37953  
Do not use this space.

1. PLACE OF DEATH

(a) County St. Louis Mo Registration District No. 791  
(b) Township St. Louis Mo Primary Registration District No. 1008  
(c) City St. Louis Childrens Hosp Registered No. 10280  
(d) Street No. (If death occurred in Hospital or Institution, write its name instead of street and number) St.  
(e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME

(a) Residence, No. Ethel Shorten St. N.R. Venice Ill  
(Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX F 4. COLOR OR RACE Colored 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 8-11-38

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.  
3 16

OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Child  
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) Venice Ill

FATHER 13. NAME Earl Shorten

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Shaw Miss

MOTHER 15. MAIDEN NAME Mary Alice Pattif

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

17. INFORMANT (ADDRESS) Earl Shorten Venice Ill

18. BURIAL, CREMATION, OR REMOVAL PLACE East St Louis Ill DATE Nov 28 38

19. FUNERAL DIRECTOR (NAME) (ADDRESS) J. J. Bebeck East St Louis Ill

20. FILED NOV 28 1938 J. J. Bebeck Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Nov. 27 1938

22. I HEREBY CERTIFY, That I attended deceased from ..... 19....., to..... 19.....

I last saw h..... alive on..... 19..... Death is said to have occurred on the date stated above, at..... m.

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

Congenital Heart Disease  
Sp. Resistant  
Truncus arteriosus

Other contributory causes of importance:

Name of operation..... Date of.....  
157C

What test confirmed diagnosis?..... Was there an autopsy? yes

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) Alfred Perry  
(Address) Deputy Coroner

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.

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**STATEMENT BY LICENSED EMBALMER**

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....  
....., Registered Apprentice No.....  
working under my personal supervision.

Signed.....

Licensed Embalmer No.....

P. O. Address.....

**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.)**

**If this body is not embalmed, above space should be left blank.**

EARLY, WITH UN

N. B.—Every item of information should be careful CAUSE OF DEATH in plain terms, so that it may

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

FATHER  
 13. NAME *Ran Shorten*

14. BIRTHPLACE (CITY OR TOWN).....  
 (STATE OR COUNTRY) *Miss.*

MOTHER  
 15. MAIDEN NAME *May Ellis Radliffe*

16. BIRTHPLACE (CITY OR TOWN).....  
 (STATE OR COUNTRY) *Miss.*

17. INFORMANT *Ran Shorten*  
 (ADDRESS) *Venue Ill.*

18. BURIAL, CREMATION, OR REMOVAL  
 PLACE *East Haven Ill Nov 28 1928*

19. FUNERAL DIRECTOR (NAME) *J. W. Anshull*  
 (ADDRESS) *East Haven Ill*

20. FILED..... 19.....  
*Local Registrar.*

Name of operation..... Date of.....  
 What test confirmed diagnosis?..... Was there an autopsy?.....

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)....., M. D.  
 (Address).....

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....

....., Registered Apprentice No.....  
working under my personal supervision.

Signed *Lyda Hughes*  
Licensed Embalmer No. *2938*  
P. O. Address *2620 Lawton*

**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.)**

**If this body is not embalmed, above space should be left blank.**