

Registration District No. **1003**

Primary Registration District No. _____

1. PLACE OF DEATH: **1553 NOV 15 1939**

(a) County _____

(b) City or town **St. Louis, Missouri**
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: **City Hospital, #1**
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution **1 MO. 10 Days**
(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Mo.** (b) County **1**

(c) City or town **St. Louis, Mo.**
(If outside city or town limits, write "RURAL")

(d) Street No. **3828 West Pine Blvd.**
(If rural, give location)

(e) If foreign born, how long in U. S. A. _____ years.

3. (a) PRINT FULL NAME **Mabel Short** **(630)**

3. (b) If veteran, name war _____

3. (c) Social Security No. _____

4. Sex **Female.** 5. Color or race **White.**

6. (a) Single, widowed, married, divorced **Widowed**

6. (b) Name of husband or wife **Louis Short.**

6. (c) Age of husband or wife If alive _____ years

7. Birth date of deceased **February 17, 1873**
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	66	7	28	hr. _____ min.

9. Birthplace **Kentucky.**
(City, town, or county) (State or foreign country)

10. Usual occupation **At Home.**

11. Industry or business _____

MOTHER FATHER {

12. Name **Thomas Cravens.**

13. Birthplace **Kentucky.**
(City, town, or county) (State or foreign country)

14. Maiden name **Isabelle Thomas.**

15. Birthplace **Kentucky.**
(City, town, or county) (State or foreign country)

16. (a) Informant's own signature **Mrs. Lillian Mason**

(b) Address **3828 W Pine Blvd**

17. (a) **Burial** (b) Date thereof **Oct. 17, 1939**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Calvary Cemetery**

18. (a) Signature of funeral director **Arthur J. Donnelly**

(b) Address **3840 Lindell Blvd**

19. (a) **OCT 16 1939** (b) _____
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **October** day **15,**
year **1939.** hour **3:10** minute **A.** M.

21. I hereby certify that I attended the deceased from **September 6,**
19 **39** to **October 15,** 19 **39**
that I last saw her alive on **October 15,** 19 **39**
and that death occurred on the date and hour stated above.

Immediate cause of death **Tuberculosis of Rt. shoulder - secondary infection**

Due to **Pulmonary tuberculosis**

Due to _____

Other conditions _____
(Include pregnancy within 3 months of death)

Major findings: _____

Of operations _____

Of autopsy _____

Duration _____

PHYSICIAN _____

Underline the cause to which death should be charged statistically

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) _____

(b) Date of occurrence _____

(c) Where did injury occur? _____
(City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? _____

While at work? _____ (Specify type of place)

(e) Means of injury _____

23. Signature **Marshall J. Kelly** (M. D. or other) _____

Address **1515 Lafayette,** Date signed **10/16/39**

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE 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.

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 William Matre

Licensed Embalmer No. 2825

P. O. Address 4340 Lafayette

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.