

Registration District No. 791Primary Registration District No. 1003Registrar's No. 826

1. PLACE OF DEATH:

(a) County St. Louis
 (b) City or town St. Louis
 (If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution:
5923 W. Cabanne
 (If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution _____
 (Specify whether _____)
 In this community _____
 years, months or days 1 1/2

3. (a) PRINT FULL NAME Malinda Victoria Shortt

8. (b) If veteran, name war _____ 3. (c) Social Security No. _____

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced Widowed6. (b) Name of husband or wife John Shortt 6. (c) Age of husband or wife if alive _____ years7. Birth date of deceased July 23, 1843
(Month) (Day) (Year)8. AGE: Years 96 Months 6 Days 3 If less than one day _____ hr. _____ min.9. Birthplace Floyd County Virginia
(City, town, or county) (State or foreign country)10. Usual occupation At Home

11. Industry or business _____

12. Name John Young13. Birthplace Virginia
(City, town, or county) (State or foreign country)14. Maiden name Adelphia Turner15. Birthplace Virginia
(City, town, or county) (State or foreign country)16. (a) Informant's own signature Mrs. B.A. Thompson(b) Address 5923 W. Cabanne17. (a) Burial (b) Date thereof 1/27/40
(Burial, cremation, or removal) (Month) (Day) (Year)(c) Place: burial or cremation Parsons Kansas18. (a) Signature of funeral director Shepard Funeral Home(b) Address 1167 Hamilton Avenue19. (a) JAN 27 1940 (b) J. F. Braddock
(Date received locally) (Signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County _____
 (c) City or town St. Louis
 (If outside city or town limits, write "RURAL")
 (d) Street No. 5923 W. Cabanne
 (If rural, give location)
 (e) If foreign born, how long in U. S. A. _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan day 26 1940
year 10 hour 05 minute P. M.21. I hereby certify that I attended the deceased from Jan 1 -
1940, to Jan 26 - 1940;
that I last saw him alive on Jan 25 - 1940;
and that death occurred on the date and hour stated above.Immediate cause of death
Hypostatic Pneumonia
Unspecified

Due to _____

Due to SmilityOther conditions
(Include pregnancy within 3 months of death) |||||Major findings:
Of operations _____

Of autopsy _____

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 J. P. Ryan (M. D. or other) _____Address 607 N. Wood St Date signed 1-22-40

Duration

25 days

PHYSICIAN

Underline the cause to which death should be charged statistically.

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

J. G. Sullivan

Licensed Embalmer No. 1122

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.