

Registration District No. _____

Primary Registration District No. _____

Registrar's No. _____

1. PLACE OF DEATH:

DECEASED DEC 11 1940

(a) County _____
 (b) City or town Saint Louis, Missouri
 (If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution:
Saint Louis Maternity Hospital
 (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

3. (a) PRINT FULL NAME Infant Boy Short

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

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced _____
 6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive _____ years
 7. Birth date of deceased October 28, 1940
 (Month) (Day) (Year)

8. AGE: Years _____ Months _____ Days 12 days If less than one day hr. _____ min. _____9. Birthplace Saint Louis, Missouri
(City, town, or county) (State or foreign country)

10. Usual occupation _____

11. Industry or business _____

MOTHER FATHER { 12. Name Donald Edwin Short
 18. Birthplace Saint Louis, Missouri
 (City, town, or county) (State or foreign country)
 14. Maiden name Frances Naomi Short
 15. Birthplace Benton, Illinois
 (City, town, or county) (State or foreign country)

16. (a) Informant's own signature St. Louis Maternity
(b) Address 630 So. Kingshighway Blvd.17. (a) BURIAL (b) Date thereof 11-11-40
(Burial, cremation, or removal) (Month) (Day) (Year)(c) Place: burial or cremation ST. MATHEWS CEMETRY18. (a) Signature of funeral director KRIGSCAUSER
(b) Address 4228 S. Kingshighway19. (a) NOV 11 1940 (b) _____
(Date received from registrar) (Signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County _____
 (c) City or town Brentwood, S.
 (If outside city or town limits, write "RURAL")
 (d) Street No. 8616 Eulalie Avenue
 (If rural, give location)
 (e) If foreign born, how long in U. S. A.? _____ years

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month November day 10
year 1940 hour 7 minute 10 A. M.21. I hereby certify that I attended the deceased from October 28,
4:25 P.M., 1940, to November 10, 1940;
that I last saw him alive on November 10, 1940;
and that death occurred on the date and hour stated above.

Immediate cause of death _____
Permanently (34 wks) and Anemia
 Due to _____
 Due to _____
 Other 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 _____ (M. D. or other) M.D.
Address 3720 Washington Date signed 11/10/40

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.

John Embalming
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.