

FILED OCT 6 1942

Registration District No. 784

Primary Registration District No. 111

Registrar's No. 1481

96  
6000

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH:

(a) County ST LOUIS

(b) City or town RICH HTS Mo  
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: ST MARYS HOSP  
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 4 DAYS  
(Specify whether years, months or days)

In this community 2 YEARS

2. USUAL RESIDENCE OF DECEASED: CHICAGO

(a) State ILLINOIS (b) County ST LOUIS

(c) City or town CHICAGO ILL 991  
(If outside city or town limits, write "RURAL")

(d) Street No. 7516 ABERDEEN ST  
(If rural, give location)

(e) Citizen of foreign country? 2 (Yes or No)  
If yes, name country

3. (a) PRINT FULL NAME LOTTIE ESTELLE SHORT

3. (b) If veteran, name war NO

3. (c) Social Security No. NONE

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 9 day 23  
year 42 hour 4 minute 300 M.

21. I hereby certify that I attended the deceased from march  
1942 to Sept 23, 1942  
that I last saw her alive on Sept 22, 1942  
and that death occurred on the date and hour stated above.

4. Sex FEMALE

5. Color or race WHITE

6. (a) Single, widowed, married, divorced WIDOWED

6. (b) Name of husband ROBT LEWIS SHORT

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

7. Birth date of deceased APRIL 11 1873  
(Month) (Day) (Year)

Immediate cause of death generalized Carcinomatosis Duration 6 mo

Due to Carcinoma of Breast

Due to

8. AGE: Years Months Days If less than one day  
69 5 11 5 hr. 45 min.

9. Birthplace ROCK ELM WISCONSIN  
(City, town, or county) (State or foreign country)

10. Usual occupation HOUSEWIFE

Other conditions 50  
(Include pregnancy within 3 months of death)

Major findings: Of operations

Of autopsy

PHYSICIAN

Underline the cause to which death should be charged statistically.

MOTHER FATHER

11. Industry or business

12. Name OSCAR FOX

13. Birthplace ROCK ELM WIS I  
(City, town, or county) (State or foreign country)

14. Maiden name SUSAN McCLAIN

15. Birthplace WIS I  
(City, town, or county) (State or foreign country)

16. (a) Informant: Wm J. J. Terry

(b) Address: 7374 Airlinger Dr.

17. (a) BURIAL (b) Date thereof SEPT 26 1942  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation MT HOPE GEMETERY Chicago

18. (a) Signature of funeral director Wm J. J. Terry

(b) Address: 6536 Cayton Rd

19. (a) SEP 23 1942 (b) C. J. McKeever  
(Date received for registration) (Registrar's signature)

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? While at work (City or town) (County) (State)

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

(e) Means of injury Self (Specify type of place)

23. Signature Thos W. Morris (M. D. or other)

Address 634 No 9th Date signed 9/23

OCT 16 1942

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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 *Walter H. Burnley*.....

Licensed Embalmer No. *4202*.....

P. O. Address *St. Louis Mo*.....

**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, fact should be so stated above.**