7. S. No. 2
50M—5-42
ev. 5-17-39
P I X3287

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED MAY 6 1943

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 15547

Registration District No. 317 | Primary Registration District No. 3063 | Registrar's No. 857

1. PLACE OF DEATH:
(a) County: St. Louis
(b) City or town: Clayton (If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: St. Louis County Hospital (If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 9 days (Specify whether years, months or days) In this community

2. USUAL RESIDENCE OF DECEASED:
(a) State: Mo. (b) County: St. Louis
(c) City or town: Brentwood (If outside city or town limits, write "RURAL")
(d) Street No. 8757 Brentwood Pl. (If rural, give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME: John 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: single
6. (b) Name of husband or wife:
6. (c) Age of husband or wife if alive years
7. Birth date of deceased: Aug. (Month) 1 (Day) 1873 (Year)

8. AGE: Years	Months	Days	If less than one day
69	8	6	hr. min.

9. Birthplace: St. Charles (City, town, or county) Mo. (State or foreign country)
10. Usual occupation: Irom moulder
11. Industry or business:
FATHER 12. Name: Robert Short
13. Birthplace: Limerick (City, town, or county) Ireland (State or foreign country)
MOTHER 14. Maiden name: Mary Conley
15. Birthplace: Kerry (City, town, or county) Ireland (State or foreign country)
16. (a) Informant: Catherine Short
(b) Address: 5322 Vernon Ave.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 4/9/43. (Month) (Day) (Year)
(c) Place: burial or cremation: Calvary
18. (a) Signature of funeral director: Jay B. Smith.
(b) Address: Maplewood Mo.
19. (a) APR 10 1943 (Date received local registrar) (b) C. G. McGarry M.D. (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 29 year 1943 hour 4 minute A.M.
21. I hereby certify that I attended the deceased from March 29, 1943, to April 7, 1943; that I last saw him alive on April 7, 1943; and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
respiratory failure	5 MIN
Due to lobar pneumonia (right lower lobe)	24 HRS
Due to arteriosclerotic occlusion of coronary arteries	24 HRS
Other conditions (Include pregnancy within 3 months of death) Generalized arteriosclerosis	10 YRS

Major findings:
Of operations: 105
Of autopsy: arteriosclerotic gangrene of toes

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? (Specify type of place)
While at work? (e) Means of injury

23. Signature: Robert A. Hall (M. D. or other) M.D.
Address: ST. LOUIS COUNTY HOSP Date signed 4-7-43

(Licensed Embalmer's Statement on Reverse Side)

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. 4029

P. O. Address Maplewood

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.