. No. 2
M—2-43
5-17-39

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

32643

State File No. 1

FILED SEP 21 1943

Registration District No. 317

Primary Registration District No. 3063

Registrar's No. 2073

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

1. PLACE OF DEATH:

(a) County St. Louis County, Mo.,

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

(c) Name of hospital or institution:
Res:- 7901 Kingsbury.
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 1 (Specify whether
In this community years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri. (b) County St. Louis, 096

(c) City or town Clayton, 2
(If outside city or town limits, write "RURAL") 3

(d) Street No. 7901 Kingsbury Ave.,
(If rural, give location)

(e) Citizen of foreign country? no. (Yes or No)

If yes, name country 0

3. (a) PRINT FULL NAME WILLIAM IRVING SHORT.

3. (b) If veteran, name war unknown

3. (c) Social Security No. none

4. Sex Male. 0

5. Color or race White.

6. (a) Single, widowed, married, divorced Married. 1

6. (b) Name of husband or wife Anna Morgan Short.

6. (c) Age of husband or wife if alive 75. years

7. Birth date of deceased February (Month) 5, (Day) 1868. (Year)

8. AGE:

Years	Months	Days	If less than one day
75.	7.	8.	hr. min.

9. Birthplace Hancock County, (City, town, or county) Illinois. (State or foreign country)

10. Usual occupation Retired..

11. Industry or business Farmer.

FATHER
12. Name Eli Short.
13. Birthplace unknown, (City, town, or county) Virginia. (State or foreign country)

MOTHER
14. Maiden name Alvina Wisch.
15. Birthplace Hancock County, (City, town, or county) Illinois. (State or foreign country)

16. (a) Informant Mrs Anna M. Short.

(b) Address 7901 Kingsbury.

17. (a) Burial.. (Burial, cremation, or removal) (b) Date thereof 9/15/43. (Month) (Day) (Year)

(c) Place: burial or cremation Oak Grove Cemetery.

18. (a) Signature of funeral director C.R.Lupton & Sons.

(b) Address #7233 Delmar Boulevard.

19. (a) SEP 15 1943 (Date received local registrar) (b) E. G. Mc Garran, M.D. (Registrar's signature) 35.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept. day 13th, year 1943. hour 2:00 minute P. M.

21. I hereby certify that I attended the deceased from Feb. 17 1943, 19 Sept. 13 43; that I last saw him alive on Aug. 19 1943; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: acute dilatation of the myocardium.	
Due to Mitral Insufficiency	
Chronic Myocarditis	
Due to Aortic Stenosis	
Other conditions Similar (Include pregnancy within 3 months of death)	

Major findings:
Of operations
Of autopsy

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) — no

(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 Dr. J. P. Murphy (M. D. or other)

Address 4616 No. Kingsbury Ave. St Louis Mo Date signed 9-14-43

(Licensed Embalmer's Statement on Reverse Side)

JAN 24 1950

OCT 7 1943

Dr J. P. Murphy.
2616 N. Kingshighway.
2 - 5.

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 Paul Lemmer, Registered Apprentice No. 351, working under my personal supervision.

Signed Clarence H. Murray

Licensed Embalmer No. 4011.

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.