

FILED JUL 31 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 25279
6441

BIRTH NO. _____ REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003 Registrar's No. _____

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

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE		b. COUNTY			
b. CITY (If outside corporate limits, write RURAL and give township) St. Louis Mo		c. LENGTH OF STAY (in this place) 13 OR TOWN		c. CITY (If outside corporate limits, write RURAL and give township) St. Louis 2139			
d. FULL NAME OF HOSPITAL OR INSTITUTION Vet Hosp.		d. STREET ADDRESS 5000 Arsenal					
3. NAME OF DECEASED (Type or Print) a. (First) John		b. (Middle) Shortness		c. (Last) Shortness			
4. DATE OF DEATH (Month) (Day) (Year) 6 30 50		5. SEX Male		6. COLOR OF HAIR Blue			
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)		8. DATE OF BIRTH Apr 1873		9. AGE (In years, months, days, hours, minutes) 77			
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) Illinois			
12. CITIZEN OF WHAT COUNTRY U.S.A.		13a. FATHER'S NAME Wm K		13b. MOTHER'S MAIDEN NAME Wm K			
14. NAME OF HUSBAND OR WIFE Wm K		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, unknown)		16. SOCIAL SECURITY NO. Wm K			
17. INFORMANT'S SIGNATURE OR NAME Patrick C. Taylor		18. ADDRESS 3300 E					
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asthma, etc.; it means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last— DUE TO (b) DUE TO (c) Hypertensive Pneumonia				INTERVAL BETWEEN ONSET AND DEATH	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>			
21a. ACCIDENT SUICIDE HOMICIDE (Specify)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? 522X			
22. I hereby certify that I attended the deceased from _____ to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at _____ from the causes and on the date stated above.							
23a. SIGNATURE Joseph M. ...		23b. ADDRESS 1300 Clark		23c. DATE SIGNED 7/27/50			
24a. BURIAL, CREMATION, REMOVAL (Specify)		24b. DATE JUL 27 PAID		24c. NAME OF CEMETERY OR CREMATORY Anatomical Board			
24d. LOCATION (City, town, or county) (State)		DATE REC'D BY LOCAL REG. JUL 27 PAID		REGISTRAR'S SIGNATURE J B ...			
25. FUNERAL DIRECTOR'S SIGNATURE Rowland Mortuary Service Inc.		ADDRESS 1104 Manchester Ave.		ST. LOUIS 10, MO.			

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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 Student
at College of Mortuary Science, Student Embalmer No. _____
working under my personal supervision.

Student
Student Embalmer

Signed Ralph W Henson
Licensed Embalmer No. 3791

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.