

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **6775**

FILED MAR 5 1952

Registrar's No. **1335**

BIRTH NO. _____ REG. DIST. NO. **318** PRIMARY REG. DIST. NO. **1003**

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY	
b. CITY (If outside corporate limits, write RURAL and give township) TOWN St. Louis, Missouri		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis 2049	
d. FULL NAME OF HOSPITAL OR INSTITUTION Jewish Hospital		d. STREET ADDRESS (If rural, give location) 6146 Roberts Avenue.	

3. NAME OF DECEASED (Type or Print) a. (First) Albert b. (Middle) Lawrence c. (Last) Short		4. DATE OF DEATH (Month) (Day) (Year) Feb 9, 1952	
5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH Oct 9, 1899
9. AGE (In years last birthday) 52		10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Maintenance Man	10b. KIND OF BUSINESS OR INDUSTRY Brown Shoe Co
11. BIRTHPLACE (State or foreign country) Black, Missouri		12. CITIZEN OF WHAT COUNTRY? U.S.A.	

13a. FATHER'S NAME N.W. Short	13b. MOTHER'S MAIDEN NAME Mary Lou Crocker	14. NAME OF HUSBAND OR WIFE Lucille Short
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No Nil	16. SOCIAL SECURITY NO. 492-03-5052	17. INFORMANT'S SIGNATURE OR NAME ADDRESS Lucille Short - 6146 Roberts Avenue

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, asthenia, etc. It means the disease, injury, or complication which caused death.	1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Uremia		INTERVAL BETWEEN ONSET AND DEATH 1 mo. 6 mo ?
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Malignant hypertension		
	DUE TO (c) Metastatic carcinoma site unknown		
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? 445X H

22. I hereby certify that I attended the deceased from **Dec**, 19**51**, to **Feb 8**, 19**52** that I last saw the deceased alive on **Feb 8**, 19**52** and that death occurred at **3:20A** m., from the causes and on the date stated above.

23a. SIGNATURE Bassett L. Tausig	(Degree or title) MD.	23b. ADDRESS 4500 Olive St St. Louis	23c. DATE SIGNED Feb 9, 52
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE 2-12-52	24c. NAME OF CEMETERY OR CREMATORY Marcus Memorial Park	24d. LOCATION (City, town, or county) (State) Redricktown Mo

DATE REC'D BY LOCAL REG. FEB 11 1952	REGISTRAR'S SIGNATURE Carl Smith	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Albert H. Hoppe - 4700 Washington Blvd
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(Licensed Embalmer's Statement on Reverse Side)

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

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.....

.....
working under my personal supervision.

Student Embalmer No.....

Signed.....
Student Embalmer

Signed *John Bentley*.....
Licensed Embalmer No. *395*

Licensed Embalmer No.....

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.