

**THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH**

State File No. **26894**

FILED JUL 31 1953

BIRTH NO. 47915 REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003 Registrar's No. 6271

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| 1. PLACE OF DEATH a. COUNTY | | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY | |
| b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>St. Louis, Missouri</u> | | c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>St. Louis</u> | |
| d. FULL NAME OF HOSPITAL OR INSTITUTION <u>St. Louis City Hospital</u> | | d. STREET ADDRESS (If rural, give location) <u>19 4356 Delmar</u> | |

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| 3. NAME OF DECEASED (Type or Print) | | | 4. DATE OF DEATH (Month) (Day) (Year) | | |
| a. (First) <u>SHARON</u> | | b. (Middle) <u>LOUISE</u> | c. (Last) <u>SHORT</u> | | JUNE 11, 1953 |
| 5. SEX <u>Female</u> | | 6. COLOR OR RACE <u>White</u> | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Single</u> | | 8. DATE OF BIRTH <u>June 10, 1953</u> |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>None</u> | | 10b. KIND OF BUSINESS OR INDUSTRY | | 9. AGE (In years last birthday) | # UNDER 1 YEAR Months <u>1</u> |
| 11. BIRTHPLACE (City and State or Foreign Country) <u>St. Louis, Missouri</u> | | | 12. CITIZEN OF WHAT COUNTRY? <u>USA</u> | | |

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|--|--|--|--|---|
| 13a. FATHER'S NAME <u>Lafe Dee</u> | | 13b. MOTHER'S MAIDEN NAME <u>Ruby Carter</u> | | 14. NAME OF HUSBAND OR WIFE <u>None</u> |
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| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u> | | 16. SOCIAL SECURITY NO. <u>None</u> | | 17. INFORMANT'S SIGNATURE OR NAME <u>Hospital Record</u> |
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| 18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) | | MEDICAL CERTIFICATION INTERVAL BETWEEN ONSET AND DEATH <u>24 hr</u> | |
| I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Premature birth</u> | | ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. | |
| *This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death. | | DUE TO (b) _____ DUE TO (c) _____ | |
| II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. | | | |

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| 19a. DATE OF OPERATION | | 19b. MAJOR FINDINGS OF OPERATION | |
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| 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? <u>776X</u> | |

22. I hereby certify that I attended the deceased from 6-10-53, 1953, to 6-11-53, 1953, that I last saw the deceased alive on 6-11-53, 1953, and that death occurred at 12:15A m., from the causes and on the date stated above.

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| 23a. SIGNATURE (Degree or title) <u>Elizabeth K. Gay MD</u> | | 23b. ADDRESS <u>1515 Lafayette Avenue</u> | |
| 23c. DATE SIGNED <u>6-11-53</u> | | | |

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|--|--|------------------------------------|--|---|--|--|--|
| 24a. BURIAL, CREMATION, REMOVAL (Specify) | | 24b. DATE <u>6-30-53</u> | | 24c. NAME OF CEMETERY OR CREMATORY <u>Anatomical Bldg</u> | | 24d. LOCATION (City, town, or county) (State) <u>St. Louis, Mo</u> | |
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| DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE <u>J. Carl Smith MD</u> | | 25. FUNERAL DIRECTOR'S SIGNATURE <u>Rowland Mortuary Service</u> | |
| DATE REC'D BY LOCAL REGISTRAR <u>JUN 23 1953</u> | | ADDRESS <u>1104 Manchester Ave.</u> | |

WRITE PLAINLY—USING UNFADING INK

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 Embalmer No. _____

working under my personal supervision.

Student
Student Embalmer

Signed _____

Licensed Embalmer No. _____

P. O. Address _____

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.