

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-61-027875

STATE FILE NUMBER

Registration District No. 317 Primary Registration District No. 541 Registrar's No. 1929

AMENDED

DATE AMENDED

INSTEAD OF

SHOULD READ

ITEM NO.

DOCUMENT  
MEDICAL CERTIFICATION  
BY AFFIDAVIT OF

**FILED JUL 19 1961**

1. PLACE OF DEATH  
 a. COUNTY ST LOUIS  
 b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Clayton Length of stay in lb DOA  
 c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION St. Louis Co. Hosp. Inside Limits Yes  No

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)  
 a. STATE Mo. b. COUNTY St Louis  
 c. CITY OR TOWN PINE LAWN St. Louis Inside Limits Yes  No   
 d. STREET ADDRESS (If outside, give location) 6209 Greer Ave. Reside on Farm Yes  No

3. NAME OF DECEASED (Type or print) First Middle Last  
DEBORHA SUE SHORT  
 4. DATE OF DEATH Month Day Year  
JULY 10 1961

5. SEX Female 6. COLOR OR RACE White 7. Married  Never Married  Widowed  Divorced   
 8. DATE OF BIRTH 3/13/1961 9. AGE (last birthday) IF UNDER 1 YEAR IF UNDER 24 HR  
 Months Days Hours Min. 3 27

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) None 10b. KIND OF BUSINESS OR INDUSTRY None 11. BIRTHPLACE (City and state or country) St. Louis Mo. 12. CITIZEN OF WHAT COUNTRY U.S.A.

13a. FATHER'S NAME Jimmy L. Short 13b. MOTHER'S MAIDEN NAME Francis Liscombe 14. NAME OF HUSBAND OR WIFE None

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) \*\*\*\*\* 16. SOCIAL SECURITY NO. None 17. INFORMANT Address Jimmy L. Short 6209 Greer Ave.

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).  
 PART I. DEATH WAS CAUSED BY:  
 IMMEDIATE CAUSE (a) Unknown Natural Causes INTERVAL BETWEEN ONSET AND DEATH  
 Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) \_\_\_\_\_ DUE TO (c) \_\_\_\_\_  
 PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)  
 PART III. If deceased was female was there a pregnancy in last 90 days.  
 Yes  No  Unknown

19. WAS AUTOPSY PERFORMED? YES  NO  20a. ACCIDENT  SUICIDE  HOMICIDE  20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)  
 20c. TIME OF INJURY Hour a.m. p.m. Month, Day, Year

20d. INJURY OCCURRED WHILE AT WORK  NOT WHILE AT WORK  20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) 20f. CITY, TOWN, OR LOCATION COUNTY STATE

21. I attended the deceased from \_\_\_\_\_, to \_\_\_\_\_ and last saw her/him alive on \_\_\_\_\_.  
 Death occurred at 3:06A m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) John C. Murphy MD Asst. Health Commissioner 22b. ADDRESS 801 S. Brentwood Clayton, Mo. 22c. DATE SIGNED 7-12-61

23a. BURIAL, CREMATION, REMOVAL (Specify) Burial 23b. DATE 7/12/1961 23c. NAME OF CEMETERY OR CREMATORY St. Peters Cemetery 23d. LOCATION (City, town, or county) (State) St. Louis Mo.

24. FUNERAL DIRECTOR ADDRESS JOHN STYGAR & SON - 5541 RIVERVIEW BLVD. 25. DATE RECD. BY LOCAL REG. 7-11-61 26. REGISTRAR'S SIGNATURE John C. Murphy M.D.

**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 \_\_\_\_\_  
Signature of Student Embalmer

Signed *W. R. Rister*

Licensed Embalmer No. 3980

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.