

Registration District No. 784  
JAN 8 1941

Primary Registration District No. 111

Registrar's No. 2376

1. PLACE OF DEATH:

(a) County St. Louis  
(b) City or town Rich Hills  
(c) Name of hospital or institution: St. Mary's Hospital  
(d) Length of stay: In hospital or institution 8 Days  
In this community 18 years

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County \_\_\_\_\_  
(c) City or town St. Louis  
(d) Street No. 2355 Hickory  
(e) If foreign born, how long in U. S. A. \_\_\_\_\_ years.

3. (a) PRINT FULL NAME Margaret E Short

3. (b) If veteran, name war \_\_\_\_\_ 3. (c) Social Security No. \_\_\_\_\_

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced M  
6. (b) Name of husband or wife Clarence Short 6. (c) Age of husband or wife if alive \_\_\_\_\_ years  
7. Birth date of deceased Jan 4 - 1888

8. AGE: Years Months Days If less than one day  
52 11 10 \_\_\_\_\_ hr. \_\_\_\_\_ min.

9. Birthplace Lone Dell Mo (City, town, or county) (State or foreign country)

10. Usual occupation Housewife

11. Industry or business \_\_\_\_\_

12. Name Bert Williams

13. Birthplace Mo (City, town, or county) (State or foreign country)

14. Maiden name Amanda Fleming

15. Birthplace Mo (City, town, or county) (State or foreign country)

16. (a) Informant Clarence Short

(b) Address 2355 Hickory

17. (a) REMOVAL (b) Date thereof Dec 17 - 1940

(c) Place: burial or cremation Lone Dell Mo

18. (a) Signature of funeral director Fred M. Williams

(b) Address 4525 S. Grand

19. (a) DEC 16 1940 (b) R. M. Freed (Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH, Month Dec day 14 year 1940 hour \_\_\_\_\_ minute 7:30 M.

21. I hereby certify that I attended the deceased from Dec 6, 1940, to Dec 14, 1940, that I last saw him alive on Dec 14, 1940, and that death occurred on the date and hour stated above.

Immediate cause of death Tuberculosis  
Due to Infection from rabbit

Due to Ulc

Other conditions (Include pregnancy within 3 months of death) \_\_\_\_\_

Major findings: Of operations \_\_\_\_\_  
Of autopsy Tuberculosis

22. If death was due to external causes, fill in the following:  
(a) Accident, suicide, or homicide, (specify) Infection of finger  
(b) Date of occurrence 2/4/40

(c) Where did injury occur? Home (City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? Home - St. Louis Mo

While at work? \_\_\_\_\_ (Specify type of place) (e) Means of injury cleaning rabbit

23. Signature R. M. Freed (M. D. or other) \_\_\_\_\_  
Address 3115 S. Grand Date signed Dec 16 1940

Duration 10 days  
Underline the cause to which death should be charged statistically.

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

FEB 1 1945

FEB 8 1945

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.....

..... Registered Apprentice No.....

working under my personal supervision.

Signed.....

*Albert G. Hoff*

Licensed Embalmer No.....

2971

P. O. Address.....

**Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply the above constitutes grounds for revocation of license.)**

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