S. No. 2
M—9-4-41
v. 5-17-39
I X29484

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

9219

State File No. .....

FILED APR 20 1942

Registration District No. 791 Primary Registration District No. 100 Registrar's No. 3290

1. PLACE OF DEATH:

(a) County .....

(b) City or town St. Louis (If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: Jewish Hospital (If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution about 6 months (Specify whether years, months or days)

In this community 31 years

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County .....

(c) City or town St. Louis (If outside city or town limits, write "RURAL")

(d) Street No. 5703 Enright (If rural, give location)

(e) Citizen of foreign country? no (Yes or No)

If yes, name country .....

3. (a) PRINT FULL NAME IDA LEIGH SHORT

3. (b) If veteran, name war NO

3. (c) Social Security No. no

4. Sex female

5. Color or race white

6. (a) Single, widowed, married, divorced widowed

6. (b) Name of husband or wife Wm. R. Short

6. (c) Age of husband or wife if alive dec. years

7. Birth date of deceased March (Month) 8 (Day) 1868 (Year)

8. AGE: Years 74 Months 1 Days 3 If less than one day .....hr. .....min.

9. Birthplace Princeton (City, town, or county) Kentucky (State or foreign country)

10. Usual occupation at home

11. Industry or business .....

MOTHER FATHER

12. Name — Fowler

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

14. Maiden name unknown

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

16. (a) Informant Robert D. Short

(b) Address 5418 Cabanne

17. (a) burial (Burial, cremation, or removal) (b) Date thereof 4/13/42 (Month) (Day) (Year)

(c) Place: burial or cremation Valhalla Cemetery

18. (a) Signature of funeral director Alexander & Sons

(b) Address 6175 Delmar Blvd.

19. (a) APR 13 1942 (Date received local registrar) (b) J. F. Bredeck (Registrar's signature)

844 (Licensed Embalmer's Statement on Reverse Side)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 11 year 1942 hour 12 minute ..... M.

21. I hereby certify that I attended the deceased from Oct 1941 to April 11 1942 that I last saw her alive on April 11 1942 and that death occurred on the date and hour stated above.

Duration

Immediate cause of death Lung abscess

Cardiac decompensation

Due to Hypertrophic heart

Coronary disease

Due to Cause of Lung abscess unknown

Other conditions (Include pregnancy within 3 months of death)

Major findings:

Of operations .....

Of autopsy Lung abscess, cardiac hyp. trophy, Coronary sclerosis

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) .....

(b) Date of occurrence .....

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

(d) Did injury occur in or about home, on farm, in industrial place, in public place? (Specify type of place)

While at work? (e) Means of injury 0

23. Signature Julius Elson (M. D. or other)

Address 4500 Olive Date signed 4/11/42

No. 4500 Olive St.

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 Raymond L. Morris, Registered Apprentice No. 290 working under my personal supervision.

Signed Geo. E. McCulloh

Licensed Embalmer No. 2460

P. O. Address 6135 Delmar

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.