S. No. 2
M—2-43
. 5-17-39
X35697

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED SEP 25 1946

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 31259

Registration District No. 316 · Primary Registration District No. 6075 · Registrar's No. 298

1. PLACE OF DEATH:
(a) County: St. Francois
(b) City or town: Farmington RURAL St. Francois
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Missouri State Hospital No. 4 2
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution: 1 month 9 das. (Specify whether years, months or days)
In this community

2. USUAL RESIDENCE OF DECEASED:
(a) State: Missouri (b) County: St. Louis 94
(c) City or town: Webster Groves 0
(If outside city or town limits, write "RURAL")
(d) Street No.: 501 Atlanta 0
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME: OTIE L. SHORT
3. (b) If veteran, name war: No
3. (c) Social Security No.: None
4. Sex: Female
5. Color or race: White
6. (a) Single, widowed, married, divorced: Married
6. (b) Name of husband or wife: B. Edwin Short
6. (c) Age of husband or wife if alive: Age Unk years
7. Birth date of deceased: December (Month) 27 (Day) 1891 (Year)
8. AGE: Years 54 Months 8 Days 21 If less than one day hr. min.
9. Birthplace: Calhoun County, (City, town, or county) Illinois (State or foreign country)
10. Usual occupation: Housewife
11. Industry or business
12. FATHER Name: Edward F. McCoy
13. FATHER Birthplace: Clork County, (City, town, or county) Missouri 0 (State or foreign country)
14. MOTHER Maiden name: Theodocia E. Turnbull
15. MOTHER Birthplace: Calhoun County, (City, town, or county) Illinois 1 (State or foreign country)
16. (a) Informant: Records State Hospital No. 4
(b) Address: Farmington, Missouri
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: 9-21-46 (Month) (Day) (Year)
(c) Place: burial or cremation: Laurel Hill Gardens St. Charles Rock Rd. St. Louis, Mo.
18. (a) Signature of funeral director: Robert J. Armbruster Mortuary
(b) Address: Clayton Rd., St. Louis, Mo.
19. (a) 9-20-46 (Date received local registrar) (b) Esther Rudolff (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month September day 18 year 1946 hour 12 minute 15 P. M.
21. I hereby certify that I attended the deceased from August 9, 1946, 19..., to Sept. 18, 1946, 19...; that I last saw her alive on Sept. 18, 1946, 19...; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Chronic myocarditis with Congestive failure.	1 mo.
Due to: Hypothyroidism.	1 year
Due to:	
Other conditions (Include pregnancy within 3 months of death):	
Major findings: Of operations: None	
Of autopsy: No autopsy.	

63B

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

23. Signature: John A. Brennan M.D. (M.D. or other)
Address: State Hosp. #4 Farmington Mo. Date signed 9/19/46

289 (Licensed Embalmer's Statement on Reverse Side)

RECEIVED

District Health Officer No. 4

District File Number 946-2666

Date Filed 9-24-46

OCT 21 1946

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 Paul K Dugal

Licensed Embalmer No. 4120

P. O. Address Farmington 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.