

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **10585**
Registrar's No. **1987**

~~FILED~~ MAR 24 1952

BIRTH NO. _____		REG. DIST. NO. 318	PRIMARY REG. DIST. NO. 1003	Registrar's No. 1987	
1. PLACE OF DEATH a. COUNTY _____			2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE MISSOURI b. COUNTY _____		
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN ST. LOUIS.		c. LENGTH OF STAY (in this place) _____	c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN ST. LOUIS. 2159		d. STREET ADDRESS (If rural, give location) 15 4446 MINNESOTA.
d. FULL NAME OF HOSPITAL OR INSTITUTION FIRM + DESLOGE HOSP.					
3. NAME OF DECEASED (Type or Print) a. (First) KENNETH		b. (Middle) R	c. (Last) SHORT	4. DATE OF DEATH (Month) (Day) (Year) MOR 1 1952	
5. SEX MALE	6. COLOR OR RACE WHITE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) MARRIED	8. DATE OF BIRTH JAN 16 1896	9. AGE (In years last birthday) 56	10. UNDER 1 YEAR Months _____ Days _____
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) FOREMAN	10b. KIND OF BUSINESS OR INDUSTRY UNION ELECT.	11. BIRTHPLACE (State or foreign country) MICHIGAN		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
13a. FATHER'S NAME ALBERT SHORT		13b. MOTHER'S MAIDEN NAME ELFIE EDGERLY	14. NAME OF HUSBAND OR WIFE YVONNE SHORT		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) YES	(If yes, give war or dates of service) I	16. SOCIAL SECURITY NO. I	17. INFORMANT'S SIGNATURE OR NAME YVONNE SHORT ADDRESS 4446 MINNESOTA.		
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) * This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Carcinoma, secondary, of neck. ANTECEDENT CAUSES Carcinoma of mouth Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last: 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.				INTERVAL BETWEEN ONSET AND DEATH 6 mos 15 mos
19a. DATE OF OPERATION 7-2-51	19b. MAJOR FINDINGS OF OPERATION Metastatic Carcinoma in neck		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		
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? 143X			
22. I hereby certify that I attended the deceased from Jan 10, 1951 to Mar. 1, 1952 ; that I last saw the deceased alive on Feb. 29, 1952 ; and that death occurred at 11:30 a.m. , from the causes and on the date stated above.					
23a. SIGNATURE Charles S. Shewin M.D. (Degree or title)		23b. ADDRESS 3720 Washington		23c. DATE SIGNED 2-2-52	
24a. BURIAL, CREMATION, REMOVAL (Specify) REMOVAL	24b. DATE MAR 5 1952	24c. NAME OF CEMETERY OR CREMATORY NATIONAL C&M.	24d. LOCATION (City, town, or county) (State) ST. LOUIS. COUNT. MO.		
DATE REC'D BY LOCAL REG. MAR 3 1952	REGISTRAR'S SIGNATURE Carl Smith	25. FUNERAL DIRECTOR'S SIGNATURE Thomas Rutes ADDRESS 2906 Spruce			

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

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.....

.....
working under my personal supervision.

Student Embalmer No.....

Signed.....

Leo J. Buddle

Signed.....

Student Embalmer

Licensed Embalmer No. *3989*

P. O. Address *2906 Grand*

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.