

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

59-007636

STATE FILE NUMBER

2-1169

FILED FEB 17 1959

Registration District No. _____ Primary Registration District No. _____

Registrar No. _____

300
-57
38
792
0

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, give TOWNSHIP only) OR TOWN St. Louis, Mo.		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN St. Louis.		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Enroute Lutheran Hospital DOA		Length of stay in 1b	d. STREET ADDRESS (If outside, give location) 3919 Lafayette, Ave.		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
3. NAME OF DECEASED (Type or print) First Middle Last James Estel Short			4. DATE OF DEATH Month Day Year February, 1, 1959		
5. SEX Male	6. COLOR OR RACE White	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH Dec. 14, 1894	9. AGE (In years last birthday) 64	IF UNDER 1 YEAR Months Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired Cook		10b. KIND OF BUSINESS OR INDUSTRY Hospital	11. BIRTHPLACE (City and state or country). Macon County, Mo.		12. CITIZEN OF WHAT COUNTRY? U.S.A.
13a. FATHER'S NAME Unknown		13b. MOTHER'S MAIDEN NAME Unknown		14. NAME OF HUSBAND OR WIFE Ada Short	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, or no, or unknown) (If yes, give war or dates of service) Unknown		16. SOCIAL SECURITY NO. 4082-1283581	17. INFORMANT Address Ada Short, 3919 Lafayette, 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) Coronary thrombosis					INTERVAL BETWEEN ONSET AND DEATH 1/2 hour
Conditions, if any, which gave rise to above cause (a), stating the underlying cause lost. } DUE TO (b) Arteriosclerotic heart disease					2 years
DUE TO (c) 420.0					
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)					19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
20a. ACCIDENT SUICIDE HOMICIDE <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>			20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)		
20c. TIME OF INJURY Hour Month, Day, Year a.m. p.m.					
20d. INJURY OCCURRED WHILE AT <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		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 January 18, 1959 to Feb. 1, 59 and last saw her alive on Jan 14 1959 Death occurred at 1:40 P m on the date stated above; and to the best of my knowledge, from the causes stated.					
22a. SIGNATURE R.A. Wiersbaem		(Degree or title) M.D.		22b. ADDRESS 3701 Grandel Sq	
				22c. DATE SIGNED 2-2-59	
23a. BURIAL, CREMATION, REMOVAL (Specify) Removal		23b. DATE 2-4-59		23c. NAME OF CEMETERY OR CREMATORY Mount Salem Cemetery	
				23d. LOCATION (City, town, or county) (State) Macon, Missouri	
24. FUNERAL DIRECTOR Albert H. Hoppe 4700 Washington, Blvd.			25. DATE RECD. BY LOCAL REG. FEB 2 '59		26. REGISTRAR'S SIGNATURE Loan Smith, M.D.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

All diseases in Part I must be causally related.

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. W. Wilkinson*

Licensed Embalmer No. *3575*

P. O. Address *N. Louisiana*

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.