. S. No. 2
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ev. 5-17-39
o I X36671

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

FILED OCT 25 1945

State File No. 32369

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 9000

1. PLACE OF DEATH:

(a) County

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

(c) Name of hospital or institution:
Res: 5391 Pershing Ave.,
(If not in hospital or institution, write street number or location)

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

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 17

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

(d) Street No. 5391 Pershing Ave.
(If rural, give location)

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

If yes, name country

3. (a) PRINT FULL NAME ULYSSES S. SHORT.

3. (b) If veteran, name war World War. I

3. (c) Social Security No. none.

4. Sex Male

5. Color or race White

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

6. (b) Name of husband or wife Mary Shelton Short.

6. (c) Age of husband or wife if alive 60. years

7. Birth date of deceased February (Month) 25, (Day) 1878. (Year)

8. AGE: —

Years	Months	Days	If less than one day
67.	7.	23.	hr. min.

9. Birthplace Ramsey, (City, town, or county) Illinois. (State or foreign country)

10. Usual occupation Physician.

11. Industry or business

FATHER
12. Name Hiram Spale Short.
13. Birthplace Gilford Court House, S. Car. (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Sarah Stokes.
15. Birthplace Ramsey, (City, town, or county) Illinois. (State or foreign country)

16. (a) Informant Mrs U. S. Short.
(b) Address 5391 Pershing Ave.,

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 10-20-45 (Month) (Day) (Year)
(c) Place: burial or cremation Oak Grove Cemetery.

18. (a) Signature of funeral director C.R Lupton & Sons.
(b) Address 7233 Delmar Blvd.

19. (a) OCT 18 1945 (Date received local registrar) (b) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct. day 18 year 1945 hour 3:15 minute A. M.

21. I hereby certify that I attended the deceased from Aug 30 1945 to Oct 18 1945 that I last saw him alive on Oct 18. 1945, and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Hepatic Cirrhosis	5 mo.
Due to Gastro Enteritis	1 6 mo.
Due to	
Other conditions (Include pregnancy within 3 months of death)	

Major findings:
Of operations
Of autopsy

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 (M. D. or other)
Address 401 Metropolitan Bl. Date signed

(Licensed Embalmer's Statement on Reverse Side)

Dr. David R. Lamb
508 No. Grand
JE 4141
12 to 1
4 to 6

JUN 18 1942

DEC 9 1962

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 Clarence H. Murray

Licensed Embalmer No. 4011

P. O. Address St. Louis, 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.