No. 2
DM—1/47
ev. 5-17-39

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

MISSOURI DIVISION OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 38909

FILED DEC 4 1948

Registration District No. 317

Primary Registration District No. 3069

Registrar's No. 2[illegible]

1. PLACE OF DEATH:

(a) County Saint Louis

(b) City or town Richmond Heights, Missouri
(If outside city or town limits, write "RURAL" and name of township)

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

(d) Length of stay: In hospital or institution 1 Week (Specify whether
In this community years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County ooo

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

(d) Street No. 3411 Union Blvd., 15.,
(If rural, give location)

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

If yes, name country

3. (a) PRINT FULL NAME Arthur L. Short

3. (b) If veteran, name war

3. (c) Social Security No.

4. Sex Male

5. Color or race White

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

6. (b) Name of husband or wife Eva M. Short nee Oberkfell

6. (c) Age of husband or wife if alive 42 years

7. Birth date of deceased April 17th, 1908
(Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
40	7	5	hr. min.

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

10. Usual occupation Inspector

11. Industry or business General Moters Corp.

FATHER
12. Name Clinton Short
13. Birthplace Woodville, Illinois
(City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Mary Louise Adcock
15. Birthplace Woodville, Illinois
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Eva M. Short
(b) Address 3411 Union Blvd., 15.,

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 11/26/48
(Month) (Day) (Year)

(c) Place: burial or cremation Bellefontaine Cemetery

18. (a) Signature of funeral director Calvin F. Feutz
(b) Address 4828 Natural Bridge Boulevard

19. (a) 11-26-48 (Date received local registrar) (b) Thurne V. Lunigo (Registrar's signature) MS

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month November day 22nd
year 1948 hour 8 minute 55 P.M.

21. I hereby certify that I attended the deceased from 18 [illegible] 19 to 22 Nov 48, 19
that I last saw him alive on 22 Nov 48, 19
and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Brain Tumor Malignant	1 yr.
Due to 54 B	
Due to	
Other conditions (Include pregnancy within 3 months of death)	

Major findings:
Of operations Brain Tumor Malignant.
Of autopsy

PHYSICIAN

Underline the cause of 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 Robert W. Woolley (M. D. or other)
Address 16 Hampton Village Plaza Date signed 24 Nov 48

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

Jefferson City Printing Co.

(Licensed Embalmer's Statement on Reverse Side)

4155 N. Newstead Avenue,
Co. 2582
Tuesday Until 4 P. M.

Dr. Robert Woolsey
Hampton & Chippewa Ave
Sweetbriar 1261

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 John A. Mlinar

Licensed Embalmer No. 4186

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.