FEDERAL SECURITY AGENCY
National Office of Vital Statistics

FILED JAN 18 1949

Registration District No. 318

MISSOURI DIVISION OF HEALTH

STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 1003

State File No. 42711

Registrar's No. 11340

1. PLACE OF DEATH:

(a) County

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

(c) Name of hospital or institution: Enroute City Hospital (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 Mo. (b) County

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

(d) Street No. 4114a Lafayette Ave. (If rural, give location)

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

If yes, name country

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

3. (b) If veteran, name war None

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 Alice

6. (c) Age of husband or wife if alive 40 years

7. Birth date of deceased Nov. (Month) 22 (Day) 1906 (Year)

8. AGE: Years 42 Months 1 Days 5 If less than one day hr. min.

9. Birthplace East St. Louis (City, town, or county) Ill. (State or foreign country)

10. Usual occupation Coal Dealer

11. Industry or business Century Fuel Co.

MOTHER FATHER

12. Name ULYSSES S. SHORT

13. Birthplace Ramsey (City, town, or county) Ill. (State or foreign country)

14. Maiden name Mollie Halpin

15. Birthplace St. Louis (City, town, or county) Mo. (State or foreign country)

16. (a) Informant Alice Short

(b) Address 4114 Lafayette Ave.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 12 (Month) 30 (Day) 48 (Year)

(c) Place: burial or cremation Sunset Burial Park

18. (a) Signature of funeral director Kriegshauser Und. Co.

(b) Address 4228 S. Kingshighway Bl.

19. (a) DEC 29 1948 (Date received local registrar) (b) J B Beasley (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec. day 27 year 1948 hour 7:20 minute P. M.

21. I hereby certify that I attended the deceased from , 19 , to , 19 ; that I last saw h alive on , 19 ; and that death occurred on the date and hour stated above.

Immediate cause of death Fracture of Skull; Brain Injury; suffered when deceased fell down three or four steps at

Due to 4227-a Race Course, on Dec. 20th, 1948, at about 2:30 A.M.

Due to

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations

Of autopsy

Duration

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) Accident

(b) Date of occurrence Dec. 20th, 1948

(c) Where did injury occur? St. Louis, Mo. (City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? In Home (Specify type of place)

While at work? No (e) Means of injury See Above

23. Signature Patrick E Taylor (M. D. or other)

Address 1300 Clark Date signed 12-29-48

(Licensed Embalmer's Statement on Reverse Side)

WHITE PLANET—USE 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.....

....., Registered Apprentice No.....

working under my personal supervision.

Signed Richard V. Stoversand

Licensed Embalmer No. 4007

P. O. Address.....

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply wi the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.