

10649

No. 300
10.48

FILED APR 15 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No.

318

1003

2939

BIRTH NO. _____		REG. DIST. NO. _____		PRIMARY REG. DIST. NO. _____		Registrar's No. _____	
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		17	
d. FULL NAME OF HOSPITAL OR INSTITUTION ST. LOUIS CITY HOSPITAL				d. STREET ADDRESS (If rural, give location) 5391 PERSHING AVE., 0			
3. NAME OF DECEASED (Type or Print) a. (First) MARY		b. (Middle) ELIZABETH		c. (Last) SHORT.		4. DATE OF DEATH (Month) (Day) (Year) MARCH 30, 1949	
5. SEX FEMALE		6. COLOR OR RACE WHITE		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) WIDOWED		8. DATE OF BIRTH APRIL 4, 1884	
9. AGE (In years last birthday) . 64		IF UNDER 1 YEAR Months		IF UNDER 24 HRS. Days		IF UNDER 1 Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) At Home		10b. KIND OF BUSINESS OR INDUSTRY - - -		11. BIRTHPLACE (State or foreign country) EAST ST. LOUIS, ILLINOIS		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
13a. FATHER'S NAME JOHN SHELTON.		13b. MOTHER'S MAIDEN NAME unknown		14. NAME OF HUSBAND OR WIFE ULYSSES SHORT.			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) NO		16. SOCIAL SECURITY NO. NONE		17. INFORMANT'S SIGNATURE OR NAME ADDRESS MISS. MARY E. SHORT: 5391 PERSHING			
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, ashenia, etc. It means the disease, injury, or complication which caused death.		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Coronary Thrombosis</u> ANTECEDENT CAUSES <u>Mycarditis (Chronic)</u> Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____				INTERVAL BETWEEN ONSET AND DEATH	
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		940				420	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION				20. AUTOPSY? YES <input type="checkbox"/> NO <input 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?			
22. I hereby certify that I attended the deceased from <u>Aug 10, 1941</u> to <u>Mar 30, 1949</u> and that death occurred at <u>IN HOME</u> on <u>Mar 30, 1949</u> and that death occurred at <u>IN HOME</u> on the causes and on the date stated above.							
23a. SIGNATURE <u>Dr Lamb</u> (Degree or title)				23b. ADDRESS <u>421 Metropolitan</u>		23c. DATE SIGNED <u>3-31-49</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL		24b. DATE 4/2/1949		24c. NAME OF CEMETERY OR CREMATORY OAK GROVE CEMETERY		24d. LOCATION (City, town, or county) (State) ST. LOUIS COUNTY, MO.	
DATE REC'D BY LOCAL REG. MAR 31 1949		REGISTRAR'S SIGNATURE <u>J. B. Swater</u>		25. FUNERAL DIRECTOR'S SIGNATURE C. R. LUPTON & SONS; 7233 DELMAR BLVD.,		ADDRESS	

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

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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
Student Embalmer

Signed

Clarence H. Murray

Licensed Embalmer No.

P. O. Address *H. Lewis, Md.*

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.