

No. 2
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-17-39
X37823

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. _____
Registrar's No. **5326**

1 # 20273

FILED JUN 23 1944
Registration District No. **318**

Primary Registration District No. **1003**

1. PLACE OF DEATH:
(a) County **St. Louis**
(b) City or town **St. Louis**
(c) Name of hospital or institution: **2 Mand. Cass at Home Phillips**
(d) Length of stay: In hospital or institution **Unknown 3**
In this community **Unknown 3**

2. USUAL RESIDENCE OF DECEASED:
(a) State **Mo** (b) County _____
(c) City or town **St. Louis**
(d) Street No. **2018 Cass**
(e) Citizen of foreign country? _____

3. (a) PRINT FULL NAME **FRANK SHORT**
(b) If veteran, name war **No**
(c) Social Security No. **No**

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month **June** day **5**
year **1944** hour **9** minute **45 A.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.

4. Sex **Male** 5. Color **C** 6. (a) Single, widowed, married, divorced **Widowed**
6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive _____ years

Immediate cause of death: **ruptured aortic aneurysm**
cause undetermined
Due to _____
Due to **g/c**
Other conditions: _____
(Include pregnancy within 3 months of death)

7. Birth date of deceased **Unknown**
(Month) (Day) (Year)
8. AGE: Years **abt 60** Months _____ Days _____ If less than one day _____ hr. _____ min. _____

Major findings: _____
Of operations: _____
Of autopsy: _____
PHYSICIAN _____
Underline the cause to which death should be charged statistically.

9. Birthplace **UNKNOWN N**
(City, town, or county) (State or foreign country)
10. Usual occupation **Porter**

11. Industry or business _____
12. Name **UNKNOWN**
13. Birthplace _____
14. Maiden name _____
15. Birthplace _____

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? _____
(d) Did injury occur in or about home, on farm, in industrial place, in public place? _____
While at work? _____ (Specify type of place) (e) Means of injury? _____
23. Signature **Thomas F. Callan** (M. D. or other) _____
Address **Deputy Coroner** Date signed **6-2-44**

16. (a) Informant **John Highbar**
(b) Address **2018 Cass**
17. (a) **Burial** (b) Date thereof **6-12-44**
(c) Place: burial or cremation **Greenwood**
18. (a) Signature of funeral director **Bennett one**
(b) Address **3103 Washington**
19. (a) **JUN 12 1944** (b) **J. F. Braddock**
(Date received local registrar's certificate) (Registrar's signature)

WRITE PLAINLY—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 *James A. Lammie*
Licensed Embalmer No. *4142*
P. O. Address *St. Louis*

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.