

**MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH**

Do not use this space.

42080

JUL 20 1935

1. PLACE OF DEATH

County St. Louis Registration District No. 1170
 Township Genray Primary Registration District No. 6248H.
 City Richmond Heights (No. 1258 Moorlands drive, St. _____ Ward _____)

2. FULL NAME Robert E. Shilkett,

(a) Residence, No. _____ St. _____ Ward _____
 (Usual place of abode) (If nonresident, give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U.S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Single

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF _____

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 1934-6-30

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, _____ hrs. or _____ min.
1 5 1

OCCUPATION 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None
 9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. _____
 10. Date deceased last worked at this occupation (month and year) _____ 11. Total time (years) spent in this occupation _____

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) St. Louis, Mo.

MOTHER FATHER 13. NAME Charles W. Shilkett,

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Okla.

MOTHER 15. MAIDEN NAME Louise Edler,

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) N. Mexico

17. INFORMANT (ADDRESS) Chas W Shilkett
1258 Moorlands drive

18. BURIAL, CREMATION, OR REMOVAL Kelshalls Crematory DATE 1/2 1935

19. UNDERTAKER (ADDRESS) Robert J. Quakermaster
Clayton rd. at Concordia Lane.

20. FILED 19/2 1935 Bertrude Porter
 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 12/1/35 1935

22. I HEREBY CERTIFY, That I attended deceased from Rich 1935 to 12/1/35, 1935
 I last saw him alive on 12/1/35, 1935 Death is said to have occurred on the date stated above, at 12:35 P.

The principal cause of death and related causes of importance were as follows:

Cerebellar hemorrhage at base. Convulsion since blind as a result of same condition. 12/1/35

Other contributory causes of importance: _____

Name of operation _____ Date of _____
 What test confirmed diagnosis? _____ Was there an autopsy? NO

23. If death was due to external causes (violence), fill in also the following: Accident, suicide, or homicide? _____ Date of injury _____, 1935

Where did injury occur? _____ (Specify city or town, county, and State)
 Specify whether injury occurred in industry, in home, or in public place. _____

Manner of injury _____ Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? _____ If so, specify _____

(Signed) Jos P Costello, M. D.
 (Address) 4500 Olive st.

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

