WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

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.

JUL 14 1936

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

Do not use this space 24652

1. PLACE OF DEATH

County ..... Registration District No. Central 791 File No. 6273

Township ..... Primary Registration District No. 1003 Registered No. .....

City St. Louis (No. City Hosp. #2 St. 8th Ward)

2. FULL NAME Louis Shelton

(a) Residence, No. 1721 Wash (rear) St., 25 Ward. (If nonresident, give city or town and State)
(Usual place of abode)

Length of residence in city or town where death occurred about 40 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: Colored
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word): Married.

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: Florence Shelton.

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): Oct. 31, 1885

7. AGE: 50 YEARS, MONTHS: 8, DAYS: 19 — If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: Asphalt Paver
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): Madison, Illinois

FATHER
13. NAME: Henry Shelton
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Unknown

MOTHER
15. MAIDEN NAME: Jane Mallisie
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): ? Mississippi

17. INFORMANT (ADDRESS): Susie Gibbs, 1721 Wash Street

18. BURIAL, CREMATION, OR REMOVAL
PLACE Washington Park DATE Jun 22, 1936

19. UNDERTAKER (ADDRESS): Pinkie L. Toney, 3120 Lucas Avenue

20. FILED JUN 20 1936 J F Bredeck, Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): 6/18/, 1936

22. I HEREBY CERTIFY, That I attended deceased from ....., 19....., to ....., 19.....

I last saw h..... alive on ....., 19..... Death is said to have occurred on the date stated above, at 8:25 P.

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

Date of onset

Firstdand second degree burns of upper back, right arm & hand & forearm; right face; follow- clothing becoming ignited from stooping over coaloil lamp at residence, June 4, 1936.

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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? Accident Date of injury 6/4, 1936

Where did injury occur? St. Louis Mo. (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. home

Manner of injury see above

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? no.

If so, specify

(Signed) Harold E. Hohn, M. D.

(Address) Dep. Cor.