

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

Do not use this space.

1. PLACE OF DEATH **JUN 12 1937**

County

Registration District No. **791**

File No. **18726**

Township

City **St. Louis, Mo.** (No. **City Hospital No. 1008**)

Primary Registration District No. **1008**

Registered No. **5302**

St. Ward)

2. FULL NAME **Ella Shelton**

(a) Residence, No. **3830 Finney** St. **//** Ward.

(If nonresident, give city or town and State)

Length of residence in city or town where death occurred **15** yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX **Female** 4. COLOR OR RACE **Col.** 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) **Married**

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) **Feb. 17, 1893**

7. AGE	YEARS	MONTHS	DAYS	IF LESS THAN 1 day, hrs. or min.
230	44	3	10	

8. Trade, profession, or particular kind of work done, as splanner, sawyer, bookkeeper, etc. **Housework**

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) **Missouri**

13. NAME **Mark Robinson**

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **Missouri**

15. MAIDEN NAME **Bell Robinson**

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **Missouri**

17. INFORMANT **Ruby Perdeau**
(ADDRESS) **2945 Lawton Ave.**

18. BURIAL, CREMATION, OR REMOVAL PLACE **Greenwood Cemo** DATE **May 29** 19**37**

19. UNDERTAKER **J. H. Harrison Undertaking Co.**
(ADDRESS) **2906 Lawton**

20. FILED **MAY 28 1937** **J. H. Bredeck**
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) **5-27-** 19**37**

22. I HEREBY CERTIFY, That I attended deceased from **5-10-** 19**37** to **5-27-** 19**37**

I last saw her alive on **5-27-** 19**37** Death is said to have occurred on the date stated above, at **7:50^a** m.

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

Lobar Pneumonia **5-10-37** (Date of onset)

Other contributory causes of importance:

Name of operation Date of
What test confirmed diagnosis? **Clinical** 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 19.....

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 **A. S. Lewis**, M. D.
(Signed) **A. S. Lewis**
(Address) **2945 Lawton Ave.**

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.

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