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.

SEP 25 1937

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

Do not use this space.

1. PLACE OF DEATH
County: Saint Louis
Township: Carondelet
City: Jefferson Barracks (No. VETERANS FACILITY St. Ward)

Registration District No. 1123
Primary Registration District No. 6248 B

File No. 31849
Registered No. 348

2. FULL NAME: George W. SHELTON
(a) Residence, No. 2011 South Third Street St., Ward. Saint Louis, Missouri.
(Usual place of abode) (If nonresident, give city or town and State)
Length of residence in city or town where death occurred Unkn. 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): Married

5A. IF MARRIED, WIDOWED, OR DIVORCED
HUSBAND OF (OR) WIFE OF Mrs. Ida Shelton

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) July 7, 1886

7. AGE

YEARS	MONTHS	DAYS	If LESS than 1 day, ...hrs. or ....min.
51	1	19	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Not known
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) Tea, Missouri

FATHER
13. NAME Thomas Shelton
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) -- Missouri.

MOTHER
15. MAIDEN NAME Sarah Williams
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) -- Missouri.

17. INFORMANT Clinical Clerk M. Schulleg
(ADDRESS) VAF Jefferson Barracks, Missouri.

18. BURIAL, CREMATION, OR REMOVAL
PLACE National Cemetery DATE Aug. 30, 1937

19. UNDERTAKER C. Hoffmeister U. & L. Co.
(ADDRESS) 7814 S. B'way, St. Louis, Mo.

20. FILED Aug. 30 1937 Mrs Haley Moore Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) August 26, 1937

22. I HEREBY CERTIFY, That I attended deceased from August 20, 1937, to August 26, 1937
I last saw him alive on August 26, 1937. Death is said to have occurred on the date stated above, at 9:30P.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Hemiplegia, left, spastic, incident to cerebral hemorrhage, pronounced.	Unkn.

Other contributory causes of importance:

None	Unkn.

Name of operation None Date of
What test confirmed diagnosis? Phy. clinical manif. and laboratory 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
(Signed) C. W. HUGHES, Chief Med. Officer, M. D.
(Address) VAF Jefferson Barracks, Mo.

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3

Statement by Licensed Embalmer.

I, George W. Hoffmeister Licensed Embalmer No. 2426

hereby certify that the body recorded on the reverse side of this certificate

was embalmed by Leo J. Budde, Licensed Embalmer, L. No. 3989, and

L.E. Linus C. Hoffmeister, L. E., L. No. 3871.

No. or by Registered Apprentice No.

working under my personal supervision.

Signed: Geo W. Hoffmeister

Licensed Embalmer No. 2426