

NOV 15 1937

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

35636
Do not use this space.

1. PLACE OF DEATH

(a) County Registration District No. **791**
(b) Township Primary Registration District No. **1003**
(c) City St. Louis (d) Street No. Franklin City Hosp. #1 Registered No. **9213**
(e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.
(If death occurred in Hospital or Institution, write its name instead of street and number)

2. PRINT FULL NAME

(a) Residence, No. 1424 Mississippi St. **23**
(Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>Male</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Married</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Jane Shelton</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Jan 15, 1869</u>		
7. AGE YEARS <u>68</u>	MONTHS <u>8</u>	DAYS <u>14</u>
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. <u>Railroad</u>		
9. Industry or business in which work was done, as saw mill, bank, etc. <u>Switchman</u>		
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) <u>Ironton, Mo.</u>		
13. NAME <u>Daniel Shelton</u>		
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Ohio</u>		
15. MAIDEN NAME <u>Margaret Hyde</u>		
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Ill.</u>		
17. INFORMANT (ADDRESS) <u>Mrs. Jane Shelton</u> <u>1424 Mississippi</u>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Memorial Ch.</u> DATE <u>Oct 2, 1937</u>		
19. FUNERAL DIRECTOR (ADDRESS) <u>Mullen Bros</u> <u>4259 Lindell Blvd</u>		
20. FILE OCT 1 1937 <u>J. K. Biedack</u> Local Registrar.		

No Attended Certificate of Death

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Sept 29, 1937

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 11:10 A

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

Cerebral Apoplexy

Arteriosclerosis

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 _____, 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 Alfred J. Perry M. D.
(Signed) _____ (Address) Deputy Coroner

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.

547
1
2
22

STATEMENT BY LICENSED EMBALMER

I, Wm F. Rogers, Licensed Embalmer No. 3906

hereby certify that the body recorded on the reverse side of this certificate was embalmed by myself

..... L. E.

No. or by Registered Apprentice No.
working under my personal supervision.

Signed Wm F. Rogers
Licensed Embalmer No. 3905

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.)