CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

REC'D MAR 24 1938

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

8117
Do not use this space.

1. PLACE OF DEATH
(a) County St. Louis — Registration District No. 96
(b) Township Bonhomme — Primary Registration District No. — Registered No. 328
(c) City Kirkwood — (d) Street No. Pott Road St.
(If death occurred in Hospital or Institution, write its name instead of street and number)
(e) Length of residence in city or town where death occurred yrs. 4 mos. 23 ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME JAMES W. SHACKELFORD JR. 241
(a) Residence, No. KIRKWOOD, MO St.
(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 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) September 16, 37

7. AGE

YEARS	MONTHS	DAYS	If LESS than 1 day, ...hrs. or ...min.
	4	23	

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

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) St. Louis, Missouri 0

FATHER
13. NAME James W. Shackelford 0
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Iberia, Missouri 0

MOTHER
15. MAIDEN NAME Dorothy Neely
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) St. Louis Co., Mo.

17. INFORMANT (ADDRESS) James W. Shackelford Kirkwood, Mo.

18. BURIAL, CREMATION, OR REMOVAL Gumbo, Cem.
PLACE Gumbo, Mo. DATE Feb. 21, 1938

19. FUNERAL DIRECTOR (ADDRESS) Schrader Funeral Home Ballwin, Mo.

20. FILED 2-21, 1938 T. R. Meyer M.D. D.T.H. Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Feb. 19, 1938.

22. I HEREBY CERTIFY, That I attended deceased from Sept 16, 1937, to Feb. 17, 1938
I last saw him alive on Feb 17, 1938. 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:

	Date of onset
Bronchial Pneumonia	2/17/38

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? No
If so, specify .....
(Signed) Frank F. Huck, M. D.
(Address) Fenton, Mo.

(Licensed Embalmer's Statement on Reverse Side)

1072

STATEMENT BY LICENSED EMBALMER

I, Theo. Schrader, Licensed Embalmer No. 3066

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

L. E. Theo. Schrader

No. 3066 or by ✓ Registered Apprentice No. ✓

working under my personal supervision.

Signed Theo. Schrader

Licensed Embalmer No. 3066

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply the above constitutes grounds for revocation of license.)

FILL IN ANSWERS TO ALL SPACES CHECKED IN RED PENCIL.

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

8117
Do not use this space.

1. PLACE OF DEATH
(a) County St Louis — Registration District No. 96
(b) Township — Primary Registration District No. — Registered No.
(c) City Kirkwood — (d) Street No. — St.
(If death occurred in Hospital or Institution, write its name instead of street and number)
(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.

2. PRINT FULL NAME James W Shackelford Jr.
(a) Residence, No. — St. — (If nonresident, give city or town and State)
(Usual place of abode, if no street address, write county or city)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: M
4. COLOR OR RACE: W
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word): S

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

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

7. AGE — YEARS — MONTHS: 4 — DAYS: 23 — If LESS than 1 day, ...hrs. or ....min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc.
9. Industry or business in which work was done, as 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)

FATHER
13. NAME
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)

MOTHER
15. MAIDEN NAME
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)

17. INFORMANT (ADDRESS)

18. BURIAL, CREMATION, OR REMOVAL
PLACE — DATE — 19

19. FUNERAL DIRECTOR (ADDRESS)

20. FILED 2-21, 1938 — T R Moyer MD — Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Feb 19, 1938

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

	Date of onset
Bronchial Pneumonia	2/18/38
10 yr	
Other contributory causes of importance: Acute Bronchitis prior to Pneumonia	2/14/38

Name of operation — Date of
What test confirmed diagnosis? — Was there an autopsy?

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) Frank F Huck, M. D.
(Address) Trenton Mo

SUPPLEMENTARY

REGISTRARS SHALL NOT RECEIVE A FEE FOR CERTIFICATES UNTIL THEY ARE COMPLETED AS PRESCRIBED BY LAW.

S-8117