

REC'D MAY 10 1939

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

13395
Do not use this space.

791
1008

3737

1. PLACE OF DEATH

(a) County / Registration District No.
 (b) Township Primary Registration District No.
 (c) City St. Louis / (d) Street No. Homer Phillips Hospital St.
 (e) Length of residence in city or town where death occurred 28 yrs. mos. ds. (f) How long in U.S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME 435 Davis Shelton

(a) Residence, No. 2811 Sheridan St. 21
 (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 M 4. COLOR OR RACE C 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Nov. 15, 1863

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
75 5 5

OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. nil
 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) Alabama 1

FATHER 13. NAME Tom Shelton 1

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) South Carolina 1

MOTHER 15. MAIDEN NAME unknown 9

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) unknown

17. INFORMANT (ADDRESS) Evelyn Hilliard
2601 N Whittier

18. BURIAL, CREMATION, OR REMOVAL PLACE Washington DATE 4/24, 1939

19. FUNERAL DIRECTOR (NAME) (ADDRESS) Richard H. Gibson
3517 Sacked Ave

20. FILED APR 22 1939 J. B. Buder Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) April 20, 1939

22. I HEREBY CERTIFY, That I attended deceased from March 17, 1939, 1939, to April 20, 1939
 I last saw him alive on April 20, 1939. Death is said to have occurred on the date stated above, at 4:35 a.m.
 The principal cause of death and related causes of importance were as follows:

Arteriosclerotic gangrene of left foot and leg
Generalized arteriosclerosis

Date of onset 3/17/39

Other contributory causes of importance: 97

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 Richard H. Gibson, M. D.
 (Signed) Evelyn Hilliard
 (Address) 2601 N Whittier

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.

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by

....., Registered Apprentice No.

working under my personal supervision.

Signed

P. M. Sheen

Licensed Embalmer No.

1173

P. O. Address

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.)

If this body is not embalmed, above space should be left blank.