

JUL 12 1939

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

20631
Do not use this space.

5475

1. PLACE OF DEATH

(a) County.....² Registration District No.....⁷⁹¹
(b) Township..... Primary Registration District No.....¹⁰⁰³
(c) City St. Louis (d) Street No. 57.55 McPherson Ave. 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 Shelton, Charles David.

(a) Residence, No. 5755 McPherson Ave St. 5 (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) Married

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) March 27, 1851

7. AGE YEARS MONTHS DAYS If LESS than 1 day,hrs. ormin.
88 2 21

OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Motorman
9. Industry or business in which work was done, as saw mill, bank, etc. Retired
10. Date deceased last worked at this occupation (month and year) 1930 11. Total time (years) spent in this occupation.....

12. BIRTHPLACE (CITY OR TOWN) Troy, (STATE OR COUNTRY) No.

FATHER 13. NAME David Shelton,

14. BIRTHPLACE (CITY OR TOWN) Virginia. (STATE OR COUNTRY)

MOTHER 15. MAIDEN NAME Mary Irvin,

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

17. INFORMANT Mrs. Prewitt Creecy, (ADDRESS) 5755 McPherson Ave.

18. BURIAL, CREMATION, OR REMOVAL PLACE Troy, Mo. DATE June 20, 1939

19. FUNERAL DIRECTOR (NAME) MITTELBERG FUNERAL HOME (ADDRESS) WEBSTER GROVES, MO.

20. FILED JUN 20 1939 J. B. Brudick Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) June 18 1939 19

22. I HEREBY CERTIFY, That I attended deceased from Dec 1938, to June 18, 1939
I last saw h. in alive on June 18, 1939. Death is said to have occurred on the date stated above, at 7:10 P.M.
The principal cause of death and related causes of importance were as follows:

Chronic myocarditis
Generalized Arteriosclerosis
Date of onset
Senility

Other contributory causes of importance:
Senility

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.....
E&C Was disease or injury in any way related to occupation of deceased? no
If so, specify Heart trouble, M. D.
(Signed) J. B. Brudick
(Address) 5914 Delmar Bl.
St. Louis, Mo.

N. B.—Every item of information should be carefully supplied. AGE should be properly classified. Exact statement of OCCUPATION is very important. 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.....

JG Sullivan

Licensed Embalmer No. 1122

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.