

Registration District No. \_\_\_\_\_ Primary Registration District No. \_\_\_\_\_

1. PLACE OF DEATH: *Young St Phillip*

(a) County \_\_\_\_\_  
(b) City or town *St. Louis*  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution \_\_\_\_\_  
(If not in hospital or institution, write street number or location) \_\_\_\_\_  
(d) Length of stay: In hospital or institution \_\_\_\_\_  
(Specify whether \_\_\_\_\_)  
In this community \_\_\_\_\_  
years, months or days

3. (a) PRINT FULL NAME *Hugh Shelton*

3. (b) If veteran, name war *None* 3. (c) Social Security No. *Unknown*

4. Sex *Male* 5. Color or race *Cal* 6. (a) Single, widowed, married, divorced *Single*

6. (b) Name of husband or wife *None* 6. (c) Age of husband or wife if alive *None* years

7. Birth date of deceased *7 22 1903*  
(Month) (Day) (Year)

8. AGE: Years *36 37* Months *12* Days *18* If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

9. Birthplace *Troy Mo*  
(City, town, or county) (State or foreign country)

10. Usual occupation *Laborer*

11. Industry or business *Gas Station*

12. Name *Hugh Shelton*

13. Birthplace *Washington Mo*  
(City, town, or county) (State or foreign country)

14. Maiden name *Belle Sherard*

15. Birthplace *Troy Mo*  
(City, town, or county) (State or foreign country)

16. (a) Informant *Philip Shelton*

(b) Address *Troy Mo*

17. (a) *Burial* (b) Date thereof *9.14.40*  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation *Troy Mo*

18. (a) Signature of funeral director *Alfred Walker*

(b) Address *3033 PINE ST*

19. (a) *SEP 13 1940* (b) *J.P. Prudeck*  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State \_\_\_\_\_ (b) County \_\_\_\_\_  
(c) City or town *St. Louis Mo*  
(If outside city or town limits, write "RURAL")  
(d) Street No. *910 Radiant Ave*  
(If rural, give location)  
(e) If foreign born, how long in U. S. A. \_\_\_\_\_ years

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month *Sept* day *10*  
year *1940* hour *6:15* minute \_\_\_\_\_ P. M.

21. I hereby certify that I attended the deceased from \_\_\_\_\_, 19\_\_\_\_, to \_\_\_\_\_, 19\_\_\_\_;

that I last saw him alive on \_\_\_\_\_, 19\_\_\_\_; and that death occurred on the date and hour stated above.

Immediate cause of death *Lobar Pneumonia*

Due to \_\_\_\_\_

Due to *108*

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations \_\_\_\_\_

Of autopsy \_\_\_\_\_

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) \_\_\_\_\_

(b) Date of occurrence \_\_\_\_\_

(c) Where did injury occur? \_\_\_\_\_ (City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? \_\_\_\_\_

While at work \_\_\_\_\_ (Specify type of place) (e) Means of injury *5*

23. Signature *Joseph M. Deegan* (M. D. or other)

Address *Deputy Coroner* Date signed \_\_\_\_\_

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

MOTHER FATHER

Duration  
PHYSICIAN  
Underline the cause to which death should be charged statistically.

**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.....

*William C. McDowell*

....., Registered Apprentice No.....

working under my personal supervision.

Signed.....

*W.C. McDowell*

Licensed Embalmer No.....

*2114*

P. O. Address.....

**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.)**

**If this body is not embalmed, fact should be so stated above.**