V. S. No. 2
30M—9-4-41
Rev. 5-17-39
I X29484

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 20009

FILED JUL 6 1942

Registration District No. 791

Primary Registration District No. 1003

Registrar's No. 5370

1. PLACE OF DEATH:

(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: ST MARY'S INFIRMARY
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution (Specify whether
In this community 10 yrs.
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County 000 17

(c) City or town ST LOUIS - 11
(If outside city or town limits, write "RURAL")

(d) Street No. 4049 - Page, Blvd.
(If rural, give location)

(e) Citizen of foreign country? (Yes or No)

If yes, name country

3. (a) PRINT FULL NAME PAULINE SHELTON

3. (b) If veteran, name war No

3. (c) Social Security No.

4. Sex FEMALE

5. Color or race C

6. (a) Single, widowed, married, divorced Widowed

6. (b) Name of husband or wife

6. (c) Age of husband or wife if alive years

7. Birth date of deceased 6 (Month) 10 (Day) 1865 (Year)

8. AGE: Years 77 Months 0 Days 10 If less than one day hr. min.

9. Birthplace HOMER (City, town, or county) LA (State or foreign country)

10. Usual occupation HOUSE WORK

11. Industry or business

FATHER
12. Name HARVEY SHELTON
13. Birthplace HOMER (City, town, or county) LA (State or foreign country)

MOTHER
14. Maiden name UNKNOWN
15. Birthplace HOMER (City, town, or county) LA (State or foreign country)

16. (a) Informant Vasalee Bracy
(b) Address 4450 St. Bell Al.

17. (a) BURIAL (Burial, cremation, or removal) (b) Date thereof 6-23-42 (Month) (Day) (Year)
(c) Place: burial or cremation Washington Park

18. (a) Signature of funeral director Bennie Love
(b) Address 3103 Washington

19. (a) JUN 23 1942 (Date received local registrar) (b) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 6 day 20
year 1942 hour 1 minute M.

21. I hereby certify that I attended the deceased from 6-15, 1942 to 6-20, 1942
that I last saw her alive on 6-20, 1942
and that death occurred on the date and hour stated above.

Immediate cause of death

Due to Cerebral Hemorrhage 6 da

Due to Hypertension of arteriosclerosis

Other conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy NO

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

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? NO (City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place?
(Specify type of place)

While at work? (e) Means of injury

23. Signature (M. D. or other)

Address 821 N. Jefferson Date signed 6/24/42

(Licensed Embalmer's Statement on Reverse Side)

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 Melvin Blackburn

Licensed Embalmer No. 8962

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, fact should be so stated above.