V. S. No. 2
50M—5-42
Rev. 5-17-39
I X32873

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED JUN 9 1943

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

16593

State File No.

Registration District No. 318

Primary Registration District No. 1003

Registrar's No. 4895

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:
Firmin Desloge Hosp. 0
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 12 days (Specify whether
In this community years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 17 000

(c) City or town St. Louis 9 9
(If outside city or town limits, write "RURAL")

(d) Street No. 1416 Obear Ave.
(If rural, give location)

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

If yes, name country 0

3. (a) PRINT FULL NAME Frances Shelton

3. (b) If veteran, name war None

3. (c) Social Security No. None

4. Sex Female

5. Color or race White 1

6. (a) Single, widowed, married, divorced Widowed 2

6. (b) Name of husband or wife Leonard Shelton

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

7. Birth date of deceased March 9. 1875 (Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
68	2	16	hr. min.

9. Birthplace St. Louis, Missouri 0
(City, town, or county) (State or foreign country)

10. Usual occupation At Home

11. Industry or business

FATHER
12. Name Julius Erkins
13. Birthplace Germany 4
(City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Elizabeth Bukuski
15. Birthplace Germany 4
(City, town, or county) (State or foreign country)

16. (a) Informant Wonda Hutter
(b) Address 4920, Bulwer Ave.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 5/28/43 (Month) (Day) (Year)
(c) Place: burial or cremation Calvary Cemetery

18. (a) Signature of funeral director [signature]
(b) Address 2117 E. Grand Blvd.

19. (a) MAY 27 1943 (Date received local registrar) (b) J. F. Brideak (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 5 day 25
year 43 hour 1 minute 45 P.M.

21. I hereby certify that I attended the deceased from 5-13- 1943 to 5-25 1943
that I last saw her alive on 5-25-43 19
and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Rheumatic Heart Disease	50 years
Due to	
Due to	

124

Other conditions (Include pregnancy within 3 months of death): Dilatation of Heart - Mitral stenosis - Pleural Effusion - Rt - Cirrhosis of liver (cardiac) - ascites

Major findings: Of operations

Of autopsy Same as Above

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? (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 William F. Melick (M. D. ~~or other~~)

Address 1325 S. Grand Date signed 5/26/45

(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 Frank A. Moore

Licensed Embalmer No. 3041

P. O. Address 2117 E. Grand

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.