. No. 2
M—2-43
5-17-39
I X356

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED NOV 20 1943

Registration District No. 817

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 39217

Primary Registration District No. 6076

Registrar's No. 2520

1. PLACE OF DEATH:
(a) County St. Louis
(b) City or town Jefferson Barracks
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
Veterans' Administration Facility.
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution Admitted 11-8-43 (Specify whether
In this community Unkn.
years, months or days)

2. USUAL RESIDENCE OF DECEASED: 000
(a) State Missouri (b) County 17
(c) City or town St. Louis 9
(If outside city or town limits, write "RURAL")
(d) Street No. 819a Market St.
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME SHELDON, George Vincent
3. (b) If veteran, name war SPAW
3. (c) Social Security No. None
4. Sex Male
5. Color or race White
6. (a) Single, widowed, married, divorced Single
6. (b) Name of husband or wife - -
6. (c) Age of husband or wife if alive - - - years
7. Birth date of deceased March 21, 1875
(Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
68	7	20	hr. min.

9. Birthplace St. Louis, Missouri
(City, town, or county) (State or foreign country)
10. Usual occupation Freight Checker.
11. Industry or business -
FATHER
12. Name George Sheldon,
13. Birthplace Rhode Island
(City, town, or county) (State or foreign country)
MOTHER
14. Maiden name Mary A. Garrity,
15. Birthplace Florissant, Mo.
(City, town, or county) (State or foreign country)
16. (a) Informant M. Schulling Cl. Clerk,
(b) Address Vets.Adm.Fac., Jeff.Brks., Mo.
17. (a) burial (Burial, cremation, or removal) (b) Date thereof 11--15-1943 (Month) (Day) (Year)
(c) Place: burial or cremation National Cemetery
18. (a) Signature of funeral director C. Hoffmeister U. & L. Co.
(b) Address 7814 South Broadway, St. Louis, Mo.
19. (a) NOV 15 1943 (Date received local registrar) (b) E. G. McGavran, M.D. (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month November day 11th
year 1943 hour 10:25 PM. minute M.
21. I hereby certify that I attended the deceased from
November 8, 1943, to November 11, 1943;
that I last saw him alive on November 11, 1943;
and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death CORONARY ARTERIOSCLEROTIC HEART DISEASE, WITH MYOCARDIAL DAMAGE AND MYOCARDIAL INSUFFICIENCY, ~~Due to~~ ACUTE CARDIAC DILATATION.	UNKNOWN
Due to -	
Other conditions PLEURAL EFFUSION, RIGHT, SECONDARY. (Include pregnancy within 3 months of death)	UNKNOWN

Major findings:
Of operations No
Of autopsy No

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) No
(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 GEORGE J. EPP, M.D. (M. D. or other)
Acting Chief Medical Officer,
Address Jeff. Brks., Mo. Date signed 11-12-43

(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

Paul Q. Franklin, Registered Apprentice No.

working under my personal supervision.

Signed Paul Q. Franklin

Licensed Embalmer No. 3472

P. O. Address 781 & 80 Broadway

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.