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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

FILED AUG 11 1945

State File No. 22561

Registration District No. 318 Primary Registration District No. Registrar's No. 6989

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: 3766 PENROSE ST. 1
(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)

2. USUAL RESIDENCE OF DECEASED:

(a) State MO (b) County 63

(c) City or town ST. LOUIS 17 10
(If outside city or town limits, write "RURAL")

(d) Street No. 3766 PENROSE ST
(If rural, give location)

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

If yes, name country

3. (a) PRINT FULL NAME Charles Edward Shelton

3. (b) If veteran, name war NIL

3. (c) Social Security No. UNK

4. Sex MO

5. Color or race W

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

6. (b) Name of husband or wife UNKNOWN

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

7. Birth date of deceased MARCH (Month) 16 (Day) 1884 (Year)

8. AGE: Years 61 Months 4 Days 21 If less than one day hr. min.

9. Birthplace WENTZVILLE (City, town, or county) MO. (State or foreign country)

10. Usual occupation RAILROAD CLERK

11. Industry or business

FATHER
12. Name CHARLES E SHELTON
13. Birthplace WENTZVILLE (City, town, or county) MO. (State or foreign country)

MOTHER
14. Maiden name NANCY McCLURE
15. Birthplace WENTZVILLE (City, town, or county) MO. (State or foreign country)

16. (a) Informant RUBY HOEFLE
(b) Address 3766 PENROSE ST.

17. (a) BURIAL (Burial, cremation, or removal) (b) Date thereof 8-11-45 (Month) (Day) (Year)
(c) Place: burial or cremation WENTZVILLE, MO

18. (a) Signature of funeral director ALBERT H. HOPPE
(b) Address 4700 WASHINGTON

19. (a) AUG 8 1945 (Date received local registrar) (b) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month August day 7 year 1945 hour 9 minute 40A M.

21. I hereby certify that I attended the deceased from July 23, 1945, to August 7, 1945; that I last saw him alive on August 2, 1945; and that death occurred on the date and hour stated above.

Immediate cause of death Coronary Occlusion (immediate death)

Due to

Due to

Other conditions
(Include pregnancy within 3 months of death)

94

Major findings:
Of operations

Of autopsy

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? (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 John Crowe (M. D. or other)

Address 1755 S Grand St Louis 4 Date signed 8/7/45

(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 Albert G. Hoppe

Licensed Embalmer No. 2971

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.