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

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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED FEB 1 1946

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

925

State File No.

Registration District No. 318 Primary Registration District No. 1005 Registrar's No. 635

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:
4403 Aldine Avenue /
(If not in hospital or institution, write street number or location)

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

In this community Life

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 000

(c) City or town St. Louis 117
(If outside city or town limits, write "RURAL")

(d) Street No. 4403 Aldine Avenue ?
(If rural, give location)

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

If yes, name country

3. (a) PRINT FULL NAME Elizabeth Shelton

3. (b) If veteran, name war

3. (c) Social Security No.

4. Sex Female

5. Color or race Negro

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

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

6. (c) Age of husband or wife if alive 53 years

7. Birth date of deceased November 21, 1891 (Month) (Day) (Year)

8. AGE: Years 54 Months 1 Days 25 If less than one day hr. min.

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

10. Usual occupation Housewife

11. Industry or business

MOTHER FATHER

12. Name Griffin Foster

13. Birthplace Vicksburg, Mississippi (City, town, or county) (State or foreign country)

14. Maiden name Elizabeth McGhee

15. Birthplace Hickman, Kentucky (City, town, or county) (State or foreign country)

16. (a) Informant Herbert Shelton

(b) Address 4403 Aldine Avenue

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 1-23-46 (Month) (Day) (Year)

(c) Place: burial or cremation Greenwood Cemetery

18. (a) Signature of funeral director Chas. J. Gates.

(b) Address 4107 Finney Avenue

19. (a) JAN 21 1946 (Date received local registrar) (b) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month January day 16th year 1946 hour 10 minute 45 P.M.

21. I hereby certify that I attended the deceased from Nov. 26th 1945 to January 16 1946 that I last saw her alive on January 16th 1946 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Valvular Heart Disease	1 Yr.
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death): Chronic Bronchitis	25 Yrs

Major findings:
Of operations
Of autopsy

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 Samuel A. Stafford (M. D. or other)

Address 925a N. Jefferson Date signed 1/19/46

(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 Chas. J. Gates, Registered Apprentice No. ____, working under my personal supervision.

Signed ____

Licensed Embalmer No. 1825

P. O. Address 4107 Finney Avenue

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.