

FILED MAY 17 1946

Registration District No. 318

Primary Registration District No. 1003

State File No.

Registrar's No. 4139

1. PLACE OF DEATH:

(a) County St. Louis
(b) City or town St. Louis
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution 3541 Giles Ave
(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

3. (a) PRINT FULL NAME

Laura Walker

3. (b) If veteran, _____ 3. (c) Social Security
name war. _____ No. _____

4. Sex M 5. Color or race W 6. (a) Single, widowed, married,
divorced M

6. (b) Name of husband or wife John 6. (c) Age of husband or wife if
alive _____ years

7. Birth date of deceased August 3 1876
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
69 9 3 hr. 1 min.

9. Birthplace Grove County Ky 01
(City, town, or county) (State or foreign country)

10. Usual occupation House

11. Industry or business _____

12. Name William H. Shelton

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

14. Maiden name Mary Thromabrow

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

16. (a) Informant Edward Allen

(b) Address 3541 Giles Ave

17. (a) Burial Date thereof 5-7-1946
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Wings Cemetery Kings Ky

18. (a) Signature of funeral director Walter Haddock

(b) Address 3634 Graven Ave

19. (a) MAY 7 1946 (b) J. F. Bredebeck
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 01
(c) City or town St. Louis 17
(If outside city or town limits, write "RURAL")
(d) Street No. 3541 Giles Ave 169
(If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No) 0
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 6
year 1946 hour _____ minute 4 P. M.

21. I hereby certify that I attended the deceased from May 1945 to May 6 1946
that I last saw him alive on May 1 1946
and that death occurred on the date and hour stated above.

Immediate cause of death _____

Myocarditis Chronic

Thromboplegia

Due to Interstitial nephritis Chronic

Due to _____

Other conditions _____

(Include pregnancy within 3 months of death)

Due to _____

Major findings: _____

Of operations _____

Of autopsy no

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? _____

While at work? _____ (Specify type of place)

(e) Means of injury _____

23. Signature Philip Schuck (M. D. or other) D

Address 703 18 Grand Date signed 5-7-46

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 J. Myland

Licensed Embalmer No.....

2645

P. O. Address.....

St. Louis, Mo

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.