No. 2
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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED OCT 28 1946

THE STATE BOARD OF HEALTH OF MISSOURI

# STANDARD CERTIFICATE OF DEATH

State File No. 34847

Registration District No. 317 Primary Registration District No. 6076 Registrar's No. 3112

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 Hospital (If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution Since 12-19-45 (Specify whether years, months or days)
In this community 27 Years

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County
(c) City or town St. Louis (If outside city or town limits, write "RURAL")
(d) Street No. 3410 Pine Street (If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME SHELTON, James
3. (b) If veteran, name war World I
3. (c) Social Security No. 489165725
4. Sex Male
5. Color or race Negro
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Malinda Shelton
6. (c) Age of husband or wife if alive years
7. Birth date of deceased April 22, 1891 (Month) (Day) (Year)
8. AGE: Years 55 Months 6 Days 0 If less than one day hr. min.
9. Birthplace Memphis, Tennessee (City, town, or county) (State or foreign country)
10. Usual occupation Chauffeur
11. Industry or business
FATHER 12. Name Jimmie Shelton
FATHER 13. Birthplace Louisiana (City, town, or county) (State or foreign country)
MOTHER 14. Maiden name Lizzie Booker
MOTHER 15. Birthplace Louisiana (City, town, or county) (State or foreign country)
16. (a) Informant Registrar, Vet. Adm. Hosp.
(b) Address Jefferson Barracks, Missouri
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 10-24-46 (Month) (Day) (Year)
(c) Place: burial or cremation National
18. (a) Signature of funeral director Dailes Und. Co. 3506
(b) Address Franklin Ave., St. Louis, Mo.
19. (a) 10-23-46 (Date received local registrar) (b) Ruth Allen MD (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month October day 22 year 1946 hour 4:40 minute A M.
21. I hereby certify that I attended the deceased from 12-19-45, 19, to 10-22-46, 19; that I last saw him alive on October 22, 19 46 and that death occurred on the date and hour stated above.

| Immediate cause of death | Duration |
|---|---|
| CARCINOMA OF ESOPHAGUS | UNK |
| Due to | |
| Due to | |
| Other conditions (Include pregnancy within 3 months of death) CACHEXIA | UNK |

Major findings: Of operations No Operation
Of autopsy No 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) No
(b) Date of occurrence
(c) Where did injury occur?
(d) Did injury occur in or about home, on farm, in industrial place, in public place? (City or town) (County) (State)
While at work? (Specify type of place) (e) Means of injury
23. Signature L. E. Stilwell, M.D. (M. D. or other)
Address Vet.Adm.Hosp. Jeff.Brks., Mo. Date signed 10-22-46

(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.....

....., Registered Apprentice No.....

working under my personal supervision.

Signed.....

Licensed Embalmer No.....3522

P. O. Address.....3506 Franklin

**Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply wit the above constitutes grounds for revocation of license.)**

**If this body is not embalmed, fact should be so stated above.**