

1. PLACE OF DEATH:

(a) County St. Louis
(b) City or town Overland
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
2871 Poe
(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 DOROTHY SHELTON

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

4. Sex F. / 5. Color or race W. / 6. (a) Single, widowed, married, divorced. M. /
6. (b) Name of husband or wife John Shelton 6. (c) Age of husband or wife if alive 30 years
7. Birth date of deceased July 13 1916
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
30 5 11 _____ hr. _____ min.

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

10. Usual occupation Housewife

11. Industry or business Own home

MOTHER FATHER { 12. Name Edwin Wehking
13. Birthplace St. Louis Mo.
(City, town, or county) (State or foreign country)
14. Maiden name Ricie Bennett
15. Birthplace St. Louis Mo.
(City, town, or county) (State or foreign country)

16. (a) Informant John Shelton
(b) Address 2871 Poe

17. (a) Burial (b) Date thereof 13-14-1946
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Mt. Lebanon Cem.

18. (a) Signature of funeral director Ortmann Funeral Home
(b) Address 9222 Lackland Ave. Overland Mo.

19. (a) 12-16-46 (b) Arthur J. Dillman
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County St. Louis 9/6
(c) City or town Overland 17
(If outside city or town limits, write "RURAL")
(d) Street No. 2871 Poe 1
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec. day 11
year 1946 hour 4:00 minute P.M.

21. I hereby certify that I attended the deceased from Feb. 16, 1946
to Dec. 11, 1946
that I last saw her alive on Dec. 11, 1946
and that death occurred on the date and hour stated above.
Immediate cause of death Myocarditis
Do not know

Due to XXX

Due to XXX

Other conditions none
(Include pregnancy within 3 months of death)

Major findings: XX
Of operations _____
Of autopsy XX

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
none

(c) Accident, suicide, or homicide (specify) _____

(b) Date of occurrence XX

(c) Where did injury occur? XX
(City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? XX

While at work? XX (Specify type of place) (e) Means of injury XX

23. Signature H. G. Durdick (M.D. or other) DC 1
Address 1506 Hodiament #300 Date signed 12-12/46

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

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.....

Al C. Ortman

Licensed Embalmer No.....

3478

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.