S. No. 2
—12-45
5-17-39
P I X47070

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED JUN 23 1947 518

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

1003

State File No. 22649

Registration District No. ..... Primary Registration District No. ..... Registrar's No. 5714

1. PLACE OF DEATH:

(a) County .....

(b) City or town ~~U.S. 50 Near East~~ St. Louis, Mo
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: Christian Hospital 0
(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 Illinois (b) County 999

(c) City or town East St. Louis 11
(If outside city or town limits, write "RURAL")

(d) Street No. N.R. 6
(If rural, give location)

(e) Citizen of foreign country? ..... (Yes or No) 2

If yes, name country .....

3. (a) PRINT FULL NAME CHARLES J. SHELTON

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

4. Sex Male 0 5. Color or race Wh 6. (a) Single, widowed, married, divorced Divorced 5

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

7. Birth date of deceased: September (Month) 25 (Day) 1884 (Year)

8. AGE: Years 62 Months 8 Days 14 If less than one day ..... hr. ..... min.

9. Birthplace St. Louis (City, town, or county) Missouri (State or foreign country) 0

10. Usual occupation Freight Foreman

11. Industry or business B. & O. R.R.

FATHER
12. Name Charles Shelton 4
13. Birthplace ..... (City, town, or county) England (State or foreign country) 1

MOTHER
14. Maiden name Marie C. Tillbrock 4
15. Birthplace ..... (City, town, or county) England (State or foreign country) 4

16. (a) Informant Alland C. Shelton
(b) Address 4604 Carrie Ave.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 6/12/47 (Month) (Day) (Year)
(c) Place: burial or cremation Calvary Cemetery

18. (a) Signature of funeral director Kraeger-Voss, Inc.
(b) Address 3402 No. Kingshighway

19. (a) JUN 10 1947 (Date received local registrar) J. F. Brenek (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 8 year 1947 hour 12:30 minute A. M.

21. I hereby certify that I attended the deceased from ....., 19...., to ....., 19....; that I last saw h..... alive on ....., 19....; and that death occurred on the date and hour stated above.

Immediate cause of death 1. Pulmonary Embolism; 2. Fractured Right Femur; suffered when Ford Coupe he was operating

Due to swerved into a ditch about one half mile north of Illinois State

Due to Highways #50 & #111, on May 20th, 1947, at about 10:45 P.M.

Other conditions ..... (Include pregnancy within 3 months of death)

Major findings: Of operations 170 C-8

Of autopsy 28

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) Accident 0-7

(b) Date of occurrence May 20th, 1947

(c) Where did injury occur? St. Louis, Mo. (City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? In Public Place (Specify type of place)

While at work? ..... (e) Means of injury 2

23. Signature [signature] E. [signature] (M. D. or other)

Address [signature] Date signed 6/10/47

(Licensed Embalmer's Statement on Reverse Side)

FEB 2 - 1949

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.....J. Allen Davis Jr

Licensed Embalmer No.....4053

P. O. Address.....St Louis

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.