No. 2
1/47
17-39

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

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

FILED AUG 12 1948

MISSOURI DIVISION OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 24713

Registration District No. 318

Primary Registration District No. 1003

Registrar's No. 6888

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: 5725 Wabada 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)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County 000 17

(c) City or town St. Louis 9
(If outside city or town limits, write "RURAL")

(d) Street No. 5725 Wabada Ave. 6
(If rural, give location)

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

If yes, name country

3. (a) PRINT FULL NAME John E. Shelton

3. (b) If veteran, name war

3. (c) Social Security No.

4. Sex male

5. Color or race white

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

6. (b) Name of husband or wife Irene A. Shelton

6. (c) Age of husband or wife if alive 55 years

7. Birth date of deceased June (Month) 30 (Day) 1889 (Year)

8. AGE:

Years	Months	Days	If less than one day
59	1	4	hr. min.

9. Birthplace (City, town, or county) Ill. (State or foreign country)

10. Usual occupation Civil Service

11. Industry or business

FATHER
12. Name Henry Shelton
13. Birthplace (City, town, or county) Tenn. (State or foreign country)

MOTHER
14. Maiden name Margaret Green
15. Birthplace (City, town, or county) Tenn. (State or foreign country)

16. (a) Informant Irene Shelton
(b) Address 57225 Wabada Ave

17. (a) burial (Burial, cremation, or removal) (b) Date thereof 8-6-48 (Month) (Day) (Year)
(c) Place: burial or cremation Memorial Park

18. (a) Signature of funeral director Drehmann-Harral
(b) Address 1905 Union Blvd

19. (a) AUG 5 - 1948 (Date received local registrar) (b) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Aug. day 4th.
year 1948 hour 7 minute 30 A M.

21. I hereby certify that I attended the deceased from april 10, 47, 19 to Aug 4, 1948;
that I last saw him alive on Aug 20, 1948;
and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Carcinoma of L. Bronchus	15 mos.
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations	
Of autopsy	

PHYSICIAN

Underline the cause of 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 Michael Sulick M. D. ~~or other~~

Address 2319 Brentwood Bld Date signed 8-5-48

Jefferson City Printing Co.

(Licensed Embalmer's Statement on Reverse Side)

(2-4)

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 Warren A. Carver

Licensed Embalmer No. 3534

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.