

FILED AUG 23 1948

State File No.

Registration District No. 318

Primary Registration District No. 1003

Registrar's No.

7288

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: Barnes Hospital, O
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 25 days (Specify whether years, months or days)
In this community years, months or days

3. (a) PRINT FULL NAME Margaret Shelton Hart

3. (b) If veteran, name war No 3. (c) Social Security No. None

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife William Russell Hart 6. (c) Age of husband or wife if alive 79 years
7. Birth date of deceased August 25 1872
(Month) (Day) (Year)

8. AGE: Years 75 Months 11 Days 24 If less than one day hr. min.

9. Birthplace Shelby Co. Illinois
(City, town, or county) (State or foreign country)

10. Usual occupation Housewife

11. Industry or business

12. Name Archibald Shelton
13. Birthplace Madison Co. Indiana
(City, town, or county) (State or foreign country)
14. Maiden name Lucinda Steward
15. Birthplace Hamilton Co. Ohio
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Jean Carrico
(b) Address 4564 Gibson Ave.

17. (a) Removal (b) Date thereof 8-19-48
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Shelbyville, Ill.

18. (a) Signature of funeral director Albert H. Hoppe
(b) Address 4700 Washington Blvd.

19. (a) AUG 19 1948 (b) J. E. Biedeck
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Illinois (b) County Shelby 999
(c) City or town Shelbyville 11
(If outside city or town limits, write "RURAL")
(d) Street No. NR. (If rural, give location) 0
(e) Citizen of foreign country? No (Yes or No) 2
If yes, name country

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month August day 19
year 1948 hour 12:30 minute AM.

21. I hereby certify that I attended the deceased from July 26, 1948, to August 19, 1948.
that I last saw her alive on August 19, 1948,
and that death occurred on the date and hour stated above.

Immediate cause of death Carcinoma of Ascending Colon 1 yr.
Duration

Due to

Due to

Other conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of 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)
(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? (c) Means of injury

23. Signature J. E. Biedeck (M. D. or other)
Address Barnes Hospital, Date signed 8/19/48

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 Elmer R. Padwell
Licensed Embalmer No. 4077

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.