

Primary Registration District No. **1003**

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

1. PLACE OF DEATH:

(a) County _____
(b) City or town **St. Louis, Missouri.**
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: **St. John's Hospital.**
(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 **Missouri.** (b) County _____
(c) City or town **St. Louis.**
(If outside city or town limits, write "RURAL")
(d) Street No. **5290 Waterman Ave.,**
(If rural, give location)
(e) Citizen of foreign country? **NO.** (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME **WILLIAM GENTRY SHELTON, JR.,**

3. (b) If veteran, name war **W.W. #1.** 3. (c) Social Security No. **no.**

4. Sex **Male.** 5. Color or race **White.** 6. (a) Single, widowed, married, divorced **Married.**
6. (b) Name of husband or wife **Hehen Watts Shelton.** 6. (c) Age of husband or wife if alive **51.** years
7. Birth date of deceased **May 6, 1895.**
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
53. 7. 7. hr. min.

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

10. Usual occupation **Retired.**

11. Industry or business _____

12. Name **William Gentry Shelton Sr.,**

13. Birthplace **Sedalia, Missouri.**
(City, town, or county) (State or foreign country)

14. Maiden name **Lillian C. Hill.**

15. Birthplace **Memphis, Tennessee.**
(City, town, or county) (State or foreign country)

16. (a) Informant **Mrs W. Gentry Shelton.**

(b) Address **5290 Waterman Ave.,**

17. (a) **Interrment.** (b) Date thereof _____
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Bellefontaine Cemetery.**

18. (a) Signature of funeral director **C. R. Lupton & Sons.**

(b) Address **#7233 Delmar Blv'd,**

19. (a) **DEC 14 1948** (b) **J. B. Pascher**
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **December** day **13th,**
year **1948.** hour **19:30** minute _____ P. M.

21. I hereby certify that I attended the deceased from **August 9, 1937** to **December 13, 1948.**
that I last saw him alive on **Dec 13, 1948.**
and that death occurred on the date and hour stated above.

Immediate cause of death **Progressive hepatic degeneration**
Due to **Postal Cirrhosis**

Due to **hypertensive heart disease & congestive failure**
Other conditions **hypertensive heart disease & congestive failure**
(Include pregnancy within 3 months of death)

Major findings: Of operations _____
Of autopsy _____
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? _____ (e) Means of injury _____

23. Signature **Orin Paul / J. B. Pascher M.D.**
(M.D. or other)
Address **3017 Parkwood Dr. St. Louis** Date signed **12/14/48.**

1-4 P.M.
JE-1800
Humboldt. 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 Clarence H. Murray
Licensed Embalmer No. 4011
P. O. Address St. Louis, Mo.

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.