No. 300
10.48

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

FILED DEC 8 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 39044

BIRTH NO. _____ REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003 Registrar's No. 10177

1. PLACE OF DEATH
a. COUNTY
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): St. Louis
c. LENGTH OF STAY (In this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 4941 Alcott

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Mo
b. COUNTY:
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): St Louis 2079
d. STREET ADDRESS (If rural, give location): 4941 Alcott

3. NAME OF DECEASED (Type or Print): a. (First) JAMES b. (Middle) E. c. (Last) SHELLY

4. DATE OF DEATH (Month) (Day) (Year): 11-27-50

5. SEX: M. 6. COLOR OR RACE: Wh. 7. MARRIED, ~~NEVER MARRIED~~, WIDOWED, DIVORCED (Specify): MARRIED 8. DATE OF BIRTH: 2-4-1890 9. AGE (In years last birthday): 60 IF UNDER 1 YEAR: Months Days IF UNDER 24 HRS.: Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): SERVICE MGR. 10b. KIND OF BUSINESS OR INDUSTRY: Iron Fireman Co 11. BIRTHPLACE (State or foreign country): St. Louis, Mo 12. CITIZEN OF WHAT COUNTRY? USA

13a. FATHER'S NAME: JAMES E. SHELLY 13b. MOTHER'S MAIDEN NAME: ELIZABETH FAGIN 14. NAME OF HUSBAND OR WIFE: NANCY SHELLY

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): YES (If yes, give war or dates of service): W. W. I 16. SOCIAL SECURITY NO.: 492-03-8044 17. INFORMANT'S SIGNATURE OR NAME: Nancy Shelly ADDRESS: 4941 Alcott

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Coronary Thrombosis — INTERVAL BETWEEN ONSET AND DEATH: 5 Days

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b) Arteriosclerosis (General) — 5 yrs.

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: 19b. MAJOR FINDINGS OF OPERATION: 20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify): 21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.): 21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.: 21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐: 21f. HOW DID INJURY OCCUR? H201

22. *I hereby certify that I attended the deceased from* Nov 24, 19 50, *to* Nov 27, 19 50, *that I last saw the deceased alive on* Nov 26, 19 50, *and that death occurred at* 4:00 p.m., *from the causes and on the date stated above.*

23a. SIGNATURE: Francis J. Medler (Degree or title) MD 23b. ADDRESS: 4114 W Florissant 23c. DATE SIGNED: 11/28/50

24a. BURIAL, CREMATION, REMOVAL (Specify): BURIAL 24b. DATE: 11-30-50 24c. NAME OF CEMETERY OR CREMATORY: CALVARY 24d. LOCATION (City, town, or county) (State): St Louis

DATE REC'D BY LOCAL REG. NOV 29 1950 REGISTRAR'S SIGNATURE: J B Lasater 25. FUNERAL DIRECTOR'S SIGNATURE: E J Schmer ADDRESS: 3125 Lafayette

(Licensed Embalmer's Statement on Reverse Side)

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.....

.....,

working under my personal supervision.

Student Embalmer No.....

Signed.....

Student Embalmer

Signed.....

Licensed Embalmer No. 4814

P. O. Address 3125 Lafayette

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.