S. No. 300
v. 10.48

FILED DEC 1 1951

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 39719

BIRTH NO. _____ REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1002 Registrar's No. 10011

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) Homer Phillip

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Missouri
b. COUNTY
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) St. Louis 2119
d. STREET ADDRESS (If rural, give location) 4229a East Cook Avenue

3. NAME OF DECEASED (Type or Print)
a. (First) Milton
b. (Middle)
c. (Last) Shelby

4. DATE OF DEATH (Month) Nov (Day) 7 (Year) 1951

5. SEX Male 2
6. COLOR OR RACE Negro
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Single
8. DATE OF BIRTH 22 Jan 1926
9. AGE (In years last birthday) 25 — IF UNDER 1 YEAR Months 9 Days 16 — IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Laborer
10b. KIND OF BUSINESS OR INDUSTRY Iron & Metal Co
11. BIRTHPLACE (State or foreign country) Tennessee
12. CITIZEN OF WHAT COUNTRY? USA

13a. FATHER'S NAME William Shelby
13b. MOTHER'S MAIDEN NAME Unknown
14. NAME OF HUSBAND OR WIFE

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) Yes (If yes, give war or dates of service) WW II - Navy
16. SOCIAL SECURITY NO.
17. INFORMANT'S SIGNATURE OR NAME Lovie Shelby — ADDRESS 4229 E. Cook

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 — INTERVAL BETWEEN ONSET AND DEATH

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Hemothorax Pneumothorax

ANTECEDENT CAUSES — Puncture right lung; suffered

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) when deceased was struck by crane operated by Jas Heatherby

DUE TO (c) (cal.) while working at Liner

II. OTHER SIGNIFICANT CONDITIONS — Iron and Metal Co 5900

Conditions contributing to the death but not related to the disease or condition causing death. Manchester Ave about 2:50 pm

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION Nov 7 1951 — Accident MW
20. AUTOPSY? YES ☑ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify) Accident
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) Hart
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) St Louis Mo
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) Nov 7 51 2:50 p.m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR? E 9123

22. *I hereby certify that I attended the deceased from _____, 19__, to _____, 19__, that I last saw the deceased alive on _____, 19__, and that death occurred at 3451 m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title) Patrick E Taylor Coroner
23b. ADDRESS 1300 Clark
23c. DATE SIGNED 11-10-51

24a. BURIAL, CREMATION, REMOVAL (Specify) Shipping
24b. DATE 11-12-51
24c. NAME OF CEMETERY OR CREMATORY unknown
24d. LOCATION (City, town, or county) (State) West Memphis Ark.

DATE REC'D BY LOCAL REG. 11-13-51
REGISTRAR'S SIGNATURE J. Earl Smith M.D.
25. FUNERAL DIRECTOR'S SIGNATURE Atkins Bros Funeral — ADDRESS 3644 Finney

(Licensed Embalmer's Statement on Reverse Side)

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

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 John K Cunningham

Signed _____
Student Embalmer

Licensed Embalmer No. 4476

P. O. Address 4109 Finney

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.