

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

3317

State File No. ....

0898

FILED FEB 14 1952

REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003

Registrar's No. ....

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

1. PLACE OF DEATH a. COUNTY <b>ST. LOUIS</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>MISSOURI</b> b. COUNTY <b>ST. LOUIS</b>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>ST. LOUIS</b>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>ST. LOUIS</b>	
c. LENGTH OF STAY (In this place) <b>10 MRS</b>		d. STREET ADDRESS (If rural, give location) <b>25 809 N. 12<sup>th</sup> St.</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>CITY HOSPITAL</b>		4. DATE OF DEATH (Month) (Day) (Year) <b>1 15 1952</b>	
3. NAME OF DECEASED (Type or Print) a. (First) <b>CARRIE</b> b. (Middle) <b>HARRIET</b> c. (Last) <b>SHELTON</b>		5. SEX <b>FEMALE</b> 6. COLOR OR RACE <b>WHITE</b>	
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED, <del>SEPARATED</del> <b>NEVER MARRIED</b>		8. DATE OF BIRTH <b>JAN 3, 1887</b>	
9. AGE (In years last birthday) <b>65</b>		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>STENOGRAPHER</b>	
10b. KIND OF BUSINESS OR INDUSTRY <b>HOTEL</b>		11. BIRTHPLACE (State or foreign country) <b>ALTON, ILL.</b>	
12. CITIZEN OF WHAT COUNTRY? <b>U.S.</b>		13a. FATHER'S NAME <b>EGNERT THOMAS SHELTON</b>	
13b. MOTHER'S MAIDEN NAME <b>CAROLINE SPARKS</b>		14. NAME OF HUSBAND OR WIFE <b>Edgar A. Shelton</b>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <b>NO</b>		16. SOCIAL SECURITY NO. <b>4902 62309</b>	
17. INFORMANT'S SIGNATURE OR NAME <b>Edgar A. Shelton</b>		ADDRESS	
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, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Cerebral Apoplexy</b> ANTECEDENT CAUSES <b>DUE TO (b) Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.</b> <b>DUE TO (c)</b> II. OTHER SIGNIFICANT CONDITIONS <b>Conditions contributing to the death but not related to the disease or condition causing death.</b>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION	
20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>		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 <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	
21f. HOW DID INJURY OCCUR? <b>334X</b>		22. I hereby certify that I attended the deceased from <b>19</b> , to <b>19</b> , that I last saw the deceased alive on <b>19</b> , and that death occurred at <b>9:45 A.M.</b> , from the causes and on the date stated above.	
23a. SIGNATURE <b>Patrick E. Taylor, Coroner</b> (Degree or title)		23b. ADDRESS <b>1300 Clark</b>	
23c. DATE SIGNED <b>1.25.52</b>		24a. BURIAL, CREMATION, REMOVAL (Specify)	
24b. DATE <b>1-28-1952</b>		24c. NAME OF CEMETERY OR CREMATORY <b>ALTON CITY</b>	
24d. LOCATION (City, town, or county) (State) <b>ALTON ILL</b>		25. FUNERAL DIRECTOR'S SIGNATURE <b>Robert Morrow</b> ADDRESS <b>Alton</b>	
DATE REC'D BY LOCAL REG. <b>JAN 29 1952</b>		REGISTRAR'S SIGNATURE <b>Carl Smith MD</b>	

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.....

..... Student Embalmer No. ....

working under my personal supervision.

Student .....  
Student Embalmer

Signed..... *Not Embalmed in S. Lane*

..... Licensed Embalmer No. ....

..... 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.