

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

26893
State File No. _____
REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003 Registrar's No. 6694

FILED AUG 12 1953

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

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution, residence before admission) a. STATE Mo. b. COUNTY <i>St. Louis</i>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <i>St. Louis</i>		c. LENGTH OF STAY (In this place)	c. CITY OR TOWN <i>Webster Groves</i>
d. FULL NAME OF HOSPITAL OR INSTITUTION <i>Alexian Bros. Hospital</i>		d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input type="checkbox"/>	
3. NAME OF DECEASED (Type or Print) <i>Dr. HAROLD J. SHELTON</i>		e. STREET ADDRESS (If rural, give location) <i>204 Turf Court 4601</i>	
a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year) <i>July 4 1953</i>
5. SEX <i>Male</i>	6. COLOR OR RACE <i>White</i>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <i>Married</i>	8. DATE OF BIRTH <i>Nov. 20, 1907</i>
9. AGE (In years last birthday) <i>45</i>		IF UNDER 1 YEAR Months	IF UNDER 24 HRS. Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>Physician & Surgeon (M.D.)</i>		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and State or Foreign Country) <i>Runnymede, Kansas</i>
12. CITIZEN OF WHAT COUNTRY?		13a. FATHER'S NAME <i>Oscar E. Shelton</i>	
13b. MOTHER'S MAIDEN NAME <i>Tracie Jordan</i>		14. NAME OF HUSBAND OR WIFE <i>Hilda Shelton</i>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <i>No</i>		16. SOCIAL SECURITY NO. <i>None</i>	
17. INFORMANT'S SIGNATURE OR NAME <i>Hilda Shelton</i>		ADDRESS <i>204 Turf Court</i>	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c))		MEDICAL CERTIFICATION	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <i>Myocardial Infarction</i>		INTERVAL BETWEEN ONSET AND DEATH <i>16 HRS.</i>	
*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.		ANTECEDENT CAUSES	
DUE TO (b) _____		DUE TO (c) _____	
II. OTHER SIGNIFICANT CONDITIONS		Conditions contributing to the death but not related to the disease or condition causing death. <i>Suddenal Ulcer chronic</i>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION	
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" 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) _____ <i>420.1</i>	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.) _____		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	
21f. HOW DID INJURY OCCUR? _____		22. I hereby certify that I attended the deceased from <i>MARCH 15, 1946</i> , to <i>4 JULY, 1953</i> , that I last saw the deceased alive on <i>4 JULY, 1953</i> , and that death occurred at <i>8:30 P</i> m., from the causes and on the date stated above.	
23a. SIGNATURE <i>Henry Cooper</i> (Degree or title) <i>M.D.</i>		23b. ADDRESS <i>518 Olive St.</i>	
23c. DATE SIGNED <i>6 July 53</i>		24a. BURIAL, CREMATION, REMOVAL (Specify) <i>Removal</i>	
24b. DATE <i>Jul. 8, 1953</i>		24c. NAME OF CEMETERY OR CREMATORY <i>Sunset Burial Park</i>	
24d. LOCATION (City, town, or county) (State) <i>St. Louis Co. Mo.</i>		25. FUNERAL DIRECTOR'S SIGNATURE <i>Kriegshauser</i> ADDRESS <i>4228 S. Kingshighway Bl.</i>	
DATE REC'D BY LOCAL REG. <i>JUL 6 1953</i>		REGISTRAR'S SIGNATURE <i>J. Carl Smith M.D.</i>	

AUG 12 1958

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.....
Signature of Student Embalmer

Signed *Edwin M. G. Lemmitt*

Licensed Embalmer No. *3024*

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.