

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

6808

State File No. 1499

BIRTH NO. FILED MAR 4 1954 REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003 Registrar's No. 1499

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY					
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis		c. LENGTH OF STAY (In this place)		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis			
d. FULL NAME OF HOSPITAL OR INSTITUTION Homer G. Phillips		d. STREET ADDRESS (If rural, give location) 1/D 3939a Sullivan Ave.					
3. NAME OF DECEASED (Type or Print) a. (First) Henry		b. (Middle) B.		c. (Last) Shelton			
4. DATE OF DEATH 2 12 54		5. SEX Male		6. COLOR OR RACE Negro			
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) divorced		8. DATE OF BIRTH 8-10-1894		9. AGE (In years last birthday) 59			
10a. USUAL OCCUPATION (Give kind of work during most of working life, even if retired) chauffeur		10b. KIND OF BUSINESS OR INDUSTRY Bldg. materials		11. BIRTHPLACE (City and State or Foreign Country) Normandy, Missouri			
12. CITIZEN OF WHAT COUNTRY? USA		13a. FATHER'S NAME Henry Shelton		13b. MOTHER'S MAIDEN NAME Elizabeth Hicks			
14. NAME OF HUSBAND OR WIFE		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) yes		16. SOCIAL SECURITY NO. WW I			
17. INFORMANT'S SIGNATURE OR NAME Willette Shelton		ADDRESS 2339a Chestnut					
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.		19. MEDICAL CERTIFICATION 1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) _____ ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Pulmonary Congestion DUE TO (c) Cardiac Hypertrophy 11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.				INTERVAL BETWEEN ONSET AND DEATH	
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, other 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? 4343			
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 8:00 p. m., from the causes and on the date stated above.							
22a. SIGNATURE Patrick Taylor Cronin		(Degree or title) 2		22b. ADDRESS 1300 Clark			
22c. DATE SIGNED 2.16.54		23a. BURIAL, CREMATION, REMOVAL (Specify) removal		23b. DATE 2-18-54			
23c. NAME OF CEMETERY OR CREMATORY National		23d. LOCATION (City, town, or county) (State) Jefferson Barracks, Mo.		24. DATE REC'D BY LOCAL REG. FEB 16 1954			
24. REGISTRAR'S SIGNATURE Carl Smith		25. FUNERAL DIRECTOR'S SIGNATURE Russell Und., Co. 2732 Pine Blvd.					

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

*James A. Carter*

Licensed Embalmer No. 4681

P. O. Address St. Louis

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to complete the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.