No. 300
10-48

FILED JAN 26 1956

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 3004

BIRTH NO. _____ REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003 Registrar's No. 435

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

1. PLACE OF DEATH
a. COUNTY

b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) ST. LOUIS, MISSOURI
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) ST. LOUIS CITY HOSPITAL #1.

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Missouri b. COUNTY

c. CITY OR TOWN St. Louis
d. Is Residence within limits of a city or incorporated town? Yes ☑ No ☐

e. STREET ADDRESS (If rural, give location) 4514 St. Ferdinand 211 0

3. NAME OF DECEASED (Type or Print) a. (First) ODIE b. (Middle) c. (Last) SHELTON,

4. DATE OF DEATH (Month) (Day) (Year) JANUARY 10, 1956

5. SEX M
6. COLOR OR RACE Col.
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) MARRIED
8. DATE OF BIRTH 9-26-22
9. AGE (In years last birthday) 33 | 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) Electrician
10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (City and State or Foreign Country) St. Louis Mo.
12. CITIZEN OF WHAT COUNTRY? USA

13a. FATHER'S NAME ELVA
13b. MOTHER'S MAIDEN NAME IONA HUTCHINSON
14. NAME OF HUSBAND OR WIFE MAE

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) YES (If yes, give war or dates of service) War II 1942-46
16. SOCIAL SECURITY NO. ____
17. INFORMANT'S SIGNATURE OR NAME Richard Reider MD. ADDRESS City Hosp

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) Heart disease of unknown Etiology — INTERVAL BETWEEN ONSET AND DEATH 5 yrs.

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) unknown cause
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 None
19b. MAJOR FINDINGS OF OPERATION None 434.3
20. AUTOPSY? YES ☒ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify) None
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) None
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?

22. *I hereby certify that I attended the deceased from* 12-27, 1956 *to* 1-10, 1956, *that I last saw the deceased alive on* 1-10, 1956, *and that death occurred at* 5:35 A.M., *from the causes and on the date stated above.*

23a. SIGNATURE Richard Reider MD (Degree or title)
23b. ADDRESS 1515 LAFAYETTE AVE.
23c. DATE SIGNED 1-10-56.

24a. BURIAL, CREMATION, REMOVAL (Specify) Removal
24b. DATE 1-17-56
24c. NAME OF CEMETERY OR CREMATORY National Cemetery
24d. LOCATION (City, town, or county) (State) Jefferson Barracks Mo

DATE REC'D BY LOCAL REG. JAN 13 1956
REGISTRAR'S SIGNATURE Carl Smith MD MXB
25. FUNERAL DIRECTOR'S SIGNATURE A. L. Beal Hrd. Co. ADDRESS 4303 Delmar

(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 emba

by me, or by ....., Student Embalmer No.....

working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed Daniel W. Hughes.....

Licensed Embalmer No...480

P. O. Address...4415 M

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Fa
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.